

02/16/2000 90128 001 \$61.00
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22071

1. Entity Name

SPACE COAST EARLY INTERVENTION CENTER, INC.

FILED

00 MAR 14 AM 11:46

Principal Place of Business

Mailing Address

3661 S. BABCOCK ST.
STE D
MELBOURNE FL 32901
US

3661 S. BABCOCK ST.
STE D
MELBOURNE FL 32901-8205
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2858471

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARMER, BETTINA
1490 DOWD CT SE
PALM BAY FL 32909

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME FARMER, BETTINA D.
STREET ADDRESS 1490 DOWD CT. S.E.
CITY-ST-ZIP PALM BAY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST
NAME TORPEY, JIM
STREET ADDRESS 190 PINELLAS LANE #509
CITY-ST-ZIP COCOA BEACH FL 32931

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST
NAME WHITTAKER, KEN
STREET ADDRESS 670 ROSSMORE CIRCLE
CITY-ST-ZIP MELBOURNE FL 32940

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME NASH, CHARLIE
STREET ADDRESS 930 S. HARBOR CITY BLVD. SUITE 505
CITY-ST-ZIP MELBOURNE FL 32901

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME WILLIAMS, MARY
STREET ADDRESS 74 RIVERFALLS DR
CITY-ST-ZIP COCOA BEACH FL 32931

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee or executor of this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00 321-289-6858
Daytime Phone #

CR2E037 (9/99)