

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26559

1. Entity Name

EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF THE SPACE COAST, INC.

Principal Place of Business

1333 GATEWAY DRIVE  
SUITE 1024  
MELBOURNE FL 32901  
US

Mailing Address

1333 GATEWAY DRIVE  
SUITE 1024  
MELBOURNE FL 32901  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2899625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, GEORGE W  
3200 N. WICKHAM RD  
STE 3  
MELBOURNE FL 32935

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 \$61.25

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 PD ☒ Delete  
NAME HARPER, JOHN  
STREET ADDRESS 1800 TURTLEMOND ROAD  
CITY-ST-ZIP MELBOURNE FL 32934

TITLE PD ☒ Change ☐ Addition  
NAME ROBERT BROWN  
STREET ADDRESS 3705 EAGLE WAY  
CITY-ST-ZIP MELBOURNE FL 32934

TITLE VPD ☐ Delete  
NAME BROWN, ROBERT  
STREET ADDRESS 3705 EAGLE WAY  
CITY-ST-ZIP MELBOURNE FL 32934

TITLE VPD ☐ Change ☒ Addition  
NAME MAURA VARNEY  
STREET ADDRESS 432 LAKE VICTORIA CIRCLE  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE SD ☒ Delete  
NAME WOODARD, RICHARD  
STREET ADDRESS 1250 W EAU GALLIE BLVD  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE SD ☐ Change ☒ Addition  
NAME YVETTE TORRES  
STREET ADDRESS 850 YACOLT RD SE  
CITY-ST-ZIP PALM BAY FL 32907

TITLE TD ☒ Delete  
NAME SONI, MAHESH DR.  
STREET ADDRESS 203 LANSING ISLAND DRIVE  
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE TD ☐ Change ☒ Addition  
NAME BRENDA MCKEE  
STREET ADDRESS 3561 SPARROW LANE  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 empowered to execute 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 REQUIRED ROBERT BROWN, PRESIDENT

Date

Daytime Phone #

4/22/2002

321-722-0222

CR2E037 (9/01)