

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90540 030 ****61.25

0030238

DOCUMENT # N34607

1. Entity Name

VIERA EAST COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**7380 MURRELL RD. STE 201
VIERA FL 32940
US**

Mailing Address

**7380 MURRELL RD. STE 201
VIERA FL 32940
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

59-3012724

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

**DECATOR, JAY A III
7380 MURRELL RD, STE 201
VIERA FL 32940**

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	BECATOR, JAY	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	
CITY-ST-ZIP	VIERA FL 32940	

TITLE	DECATOR, JAY A. III	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	☐ Delete
NAME	MARTELL, PAUL	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	
CITY-ST-ZIP	VIERA FL 32940	

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

TITLE	VD	☐ Delete
NAME	MILLER, SCOTT	
STREET ADDRESS	7380 MURRELL RD, SUITE 201	
CITY-ST-ZIP	VIERA FL 32940	

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	☐ Change ☒ Addition
NAME	THOMAS DILLON	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	
CITY-ST-ZIP	VIERA, FL 32940	

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

2.3.01

321.242.1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)