

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37612

1. Entity Name

THE DISTRICT TRUSTEES OF THE MELBOURNE DISTRICT

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90040 040 ****61.25

Principal Place of Business

Mailing Address

~~C/O JOAN C. COTTRELL~~
700 NORTH WICKHAM ROAD SUITE 205
MELBOURNE FL 32935

~~C/O JOAN C. COTTRELL~~
700 NORTH WICKHAM ROAD SUITE 205
MELBOURNE FL 32935-6840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3047410

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COTTRELL, JOAN C.
700 NORTH WICKHAM ROAD
SUITE 205
MELBOURNE FL 32935

Name BURKHOLDER, ANNE L.
Street Address (P.O. Box Number is Not Acceptable) 700 N. WICKHAM ROAD
SUITE #205
City MELBOURNE FL Zip Code 32935

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 ☒ Delete
NAME D
STREET ADDRESS WOOTEN, ROBERT M
CITY-ST-ZIP 2030 N A1A
INDIALANTIC FL

TITLE ☐ Change ☒ Addition
NAME PD
STREET ADDRESS DAVIS, ROBERT
CITY-ST-ZIP 255 PARADISE BLVD. - APT #15
MELBOURNE, FL 32903

TITLE ☐ Delete
NAME SD
STREET ADDRESS STRONG, ED
CITY-ST-ZIP 3479 HEARTWOOD LN
MELBOURNE FL

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

TITLE ☒ Delete
NAME D
STREET ADDRESS MALTBY, HELEN
CITY-ST-ZIP 1030 S ATLANTIC AVE
COCOA BEACH FL 32931

TITLE ☐ Change ☒ Addition
NAME YD
STREET ADDRESS STIGGINS, JEFFREY REV.
CITY-ST-ZIP 1355 CHENEY HIGHWAY
TITUSVILLE, FL 32780

TITLE ☒ Delete
NAME D
STREET ADDRESS BUSEY, HAROLD B REV.
CITY-ST-ZIP 715 PARKWAY DR
FT. PIERCE FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS WOOD, THOMAS
CITY-ST-ZIP 432 CRYSTAL LAKE DRIVE
MELBOURNE, FL 32940

TITLE ☒ Delete
NAME D
STREET ADDRESS FINKLEA, W. R
CITY-ST-ZIP 1055 SPANISH WELLS DRIVE
MELBOURNE FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS JOHNS, JUNE
CITY-ST-ZIP 121 ISLAND GROVE DR.
MERRITT ISLAND, FL 32952

TITLE ☒ Delete
NAME D
STREET ADDRESS CLEMENTS, DEBORAH
CITY-ST-ZIP 2885 TURTLEMOUND RD
MELBOURNE FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-2000 (321)
242-3131