

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39514

1. Entity Name

IRARC MEMORIAL SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

245 COUNTRY CLUB DR
MELBOURNE FL 32940
US

Mailing Address

245 COUNTRY CLUB DR
MELBOURNE FL 32940-7626
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3025210

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

BALDINI, ERNEST A.
245 COUNTRY CLUB DR
MELBOURNE 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.

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\$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 NAME	PD WELLER, RICHARD I.	<input type="checkbox"/> Delete
STREET ADDRESS	750 N. ATLANTIC AVE.	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE NAME	VPD NADEL, KEITH	<input type="checkbox"/> Delete
STREET ADDRESS	710 MEDINAH RD	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE NAME	SD LINK, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	392 BARRELLO LANE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE NAME	TD BALDINI, ERNEST A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	245 COUNTRY CLUB DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE NAME	D BELL, LONA	<input type="checkbox"/> Delete
STREET ADDRESS	42 YAWL DR	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE NAME	D RUBINO, HETTIE	<input type="checkbox"/> Delete
STREET ADDRESS	606 COCOA ISLES BLVD	
CITY-ST-ZIP	COCOA BEACH FL 32931	

TITLE NAME	D ERNEST A. BALDINI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	245 COUNTRY CLUB DR.	
CITY-ST-ZIP	MELBOURNE, FL 32940-7626	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD RICHARD McMILLAN	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	625 TIMUQUANA DR.	
CITY-ST-ZIP	MERRIT ISLAND, FL 32953	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90077 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)