

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90622 003 ****61.25

DOCUMENT # N43284

1. Entity Name

BCARC HOMES IV, INC.



Principal Place of Business

**1694 CEDAR STREET
ROCKLEDGE FL 32955**

Mailing Address

**1694 CEDAR STREET
ROCKLEDGE FL 32955**

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 **59-3185288**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRESSLER, JAMES R
110 DIXIE LANE
COCOA BEACH FL 32931**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PCED	<input type="checkbox"/> Delete
NAME	SCHWEINSBERG, JOHN R JR	
STREET ADDRESS	850 BELHURST LANE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SWIFT, BARRY	
STREET ADDRESS	201 BARTON BLVD	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	NUTTING, CHARLES	
STREET ADDRESS	719 E HIBISCUS BLVD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DS Chairman/Director	<input type="checkbox"/> Delete
NAME	DROPSKI, CINDY	
STREET ADDRESS	680 WEST EAU GALLIE CAUSEWAY	
CITY-ST-ZIP	MELBOURNE FL 32955	
TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	SHINN, GREGG	
STREET ADDRESS	1934 S FISKE BLVD	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice Chair/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Columbo	
STREET ADDRESS	2351 W. Eau Gallie Blvd.	
CITY-ST-ZIP	Suite 100, Melbourne, FL 32935	
TITLE	AD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adrian Marguoz	
STREET ADDRESS	100 So. Sykes Creek Pkwy.	
CITY-ST-ZIP	Melbourne, FL 32952	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Rudolph	
STREET ADDRESS	800 Enverness Ave.	
CITY-ST-ZIP	Melbourne FL 32940	

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

4/16/03 321-690-3464

CR2E037 (10/02)