

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45984

1. Entity Name

PALM COAST COMMUNITY SERVICE CORPORATION

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90074 017 ****61.25

Principal Place of Business

Mailing Address

4982 PALM COAST PKWY NW #7C
PALM COAST FL 32137-3617

4982 PALM COAST PKWY NW #7C
PALM COAST FL 32137-3617

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

59-3095595

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

MODEN, JOHN C
4982 PALM COAST PKWY NW SUITE 7C
PALM COAST FL 32137

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 D ☐ Delete
NAME MECKER, FRANK J
STREET ADDRESS 41 COCHISE CT.
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☒ Change ☐ Addition
NAME Frank J. Meeker
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SPURLOCK, BARNEY O
STREET ADDRESS 14 CHERRYTREE CT.
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☒ Change ☐ Addition
NAME P.
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME MARPLE, ROBERT K JR
STREET ADDRESS 3 BOXWOOD LN
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☒ Change ☐ Addition
NAME S/T
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JONES, STEVEN E
STREET ADDRESS 11 FRONTIER DR.
CITY-ST-ZIP PALM COAST FL 32137

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

TITLE V ☒ Delete
NAME GREEN, DONALD A.
STREET ADDRESS 26 CHEYENNE CT
CITY-ST-ZIP PALM COAST FL 32137

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D Lynnette E. Callender
STREET ADDRESS 21 Cedarview Crt.
CITY-ST-ZIP Palm Coast FL 32137

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386 445 5528

CR2E037 (9/01)