

2002 **NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91755 020 ****61.25

DOCUMENT # *N49578*

1. Entity Name

Society For Exceptional Adults, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3661 S. Babcock Street

3. Mailing Address

1801 Sarno Road

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Melbourne FL

Melbourne FL

Zip
32901

Country
USA

Zip
32935

Country
USA

4. FEL Number

59-3133973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Richard C. Cunn

4/30/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when re-stating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*DP
Lisa Inbornone
3661 S. Babcock Street
Melbourne, FL 32901*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*DN
Irene Burnett
2441 New Found Harbor
Merritt Island, FL 32952*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*DT
Richard C. Cunn
1801 Sarno Road, Suite 3
Melbourne, FL 32935*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Secretary
Bill Walker
725 Coral Drive
Melbourne, FL 32935*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard C. Cunn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 321-242-2511

Date

Daytime Phone #

CR2E037B (12/01)