

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003602

1. Entity Name

SHELTER FROM THE STORM, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90099 016 ****61.25

Principal Place of Business

Mailing Address

1313 C S WASHINGTON AVE
TITUSVILLE FL 32780
US

PO BOX 6697
TITUSVILLE FL 32782-6697

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

DRULEY, ALICE
203 SOUTH WASHINGTON AVENUE
TITUSVILLE FL 32780

Name

E. Alice Druley

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

3543 Brevard Road

City

Mims

FL

Zip Code

32754

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 **DRULEY, DONALD**
CITY-ST-ZIP **3543 BREVARD RD.**
MIMS FL 32754

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

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **DRULEY, ALICE**
CITY-ST-ZIP **3543 BREVARD RD.**
MIMS FL

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MOATS, LINDA**
CITY-ST-ZIP **1018 ALBINE STREET**
COCOA FL 32927

TITLE ☒ Change ☐ Addition
NAME *D-Morris Mitchell*
STREET ADDRESS *4012 Haller Park Dr.*
CITY-ST-ZIP *Mims, FL 32754*

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MOATS, FRED**
CITY-ST-ZIP **1018 ALBINE STREET**
COCOA FL 32927

TITLE ☒ Change ☐ Addition
NAME *D Bill Long*
STREET ADDRESS *1746 King Phillip Dr.*
CITY-ST-ZIP *Kissimmee, FL 34744*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *E. Alice Druley* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-00 (327) 353-4082