

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005405

1. Entity Name

SPACE COAST FOUR WHEELER'S ASSOCIATION, INC.

FILED

Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90005 016 ****61.25

Principal Place of Business

Mailing Address

1252 BONITA CT.
PALM BAY FL 32905
US

P.O. BOX 360061
MELBOURNE FL 32936-0061
US

2. Principal Place of Business

780 WATERSIDE RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BAY FL

City & State

Zip 32909

Country US

Zip

Country

4. FEI Number

59-3231215

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

LATFORD, DOUGLAS
1252 BONITA CT.
PALM BAY FL 32905

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 DP
NAME LATFORD, DOUGLAS
STREET ADDRESS 1252 BONITA CT.
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

TITLE DP
NAME LATFORD DOUGLAS
STREET ADDRESS 780 WATERSIDE RD.
CITY-ST-ZIP PALM BAY FL 32909 ☒ Change ☐ Addition

TITLE DS
NAME FINCH, GING
STREET ADDRESS 418 ST. JOHNS DR.
CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Delete

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

TITLE DV
NAME BOEN, RAY
STREET ADDRESS 6916 BLACKBERRY CT.
CITY-ST-ZIP VIERA FL 32940 ☒ Delete

TITLE DV
NAME DENNY, ROB
STREET ADDRESS 130 S.E. 3RD ST.
CITY-ST-ZIP SATELLITE BEACH FL 32937 ☒ Change ☐ Addition

TITLE DT
NAME LATFORD, DONNA LEE
STREET ADDRESS 1252 BONITA CT.
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

TITLE DT
NAME LATFORD DONNA LEE
STREET ADDRESS 780 WATERSIDE RD.
CITY-ST-ZIP PALM BAY FL 32909 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Ray Boen* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 30 2000 321 9532596

CR2E037 (9/99)