

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001481

1. Entity Name

BIRTHRIGHT OF MELBOURNE, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90021 025 ****70.00

Principal Place of Business Mailing Address
814 MELBOURNE AVE. P.O. BOX 2044
MELBOURNE FL 32901 MELBOURNE FL 32902-2044

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 59-3250234 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

ALLEN, MARY
101 C OCEAN TERRACE
INDIALANTIC FL 32903

Name JACKIE HOLLAND
Street Address (P.O. Box Number is Not Acceptable)
3209 RIVER WINDS CT
City Melbourne Beach FL Zip Code 32951

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 Jackie Holland - JACKIE HOLLAND D/P 4/10/00
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 ☐ Delete
NAME ALLEN, MARY
STREET ADDRESS P.O. BOX 2044 N/A
CITY-ST-ZIP MELBOURNE FL 32902-2044
TITLE DV ☐ Delete
NAME HOLLAND, JACKIE
STREET ADDRESS 3209 RIVER WINDS CT
CITY-ST-ZIP MELBOURNE FL 32904 → Zip 32951 Melbourne Beach
TITLE STD ☐ Delete
NAME MARION, VONNIE
STREET ADDRESS 2085 S. RIVER RD.
CITY-ST-ZIP MELBOURNE FL 32951
TITLE DV ☐ Delete
NAME FURLONG, LISA
STREET ADDRESS 6305 HWY A1A
CITY-ST-ZIP FLORIDANA BEACH FL 32951
TITLE DT ☐ Delete
NAME BYARS, MARY
STREET ADDRESS 698 JACKSON CT.
CITY-ST-ZIP SATELLITE BEACH FL 32937
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
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: VONNIE MARION **4-9-2000 321-951-9798**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)