

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90182 049 ****70.00

DOCUMENT # N94000001481

1. Entity Name

BIRTHRIGHT OF MELBOURNE, INC.

Principal Place of Business

Mailing Address

**814 MELBOURNE AVE.
 MELBOURNE FL 32901**

**P.O. BOX 2044
 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

**HOLLAND, JACKIE
 3209 RIVER WINDS CT
 MELBOURNE BEACH FL 32951**

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
 NAME **DV ALLEN, MARY** ☐ Delete
 STREET ADDRESS **P.O. BOX 2044 N/A**
 CITY-ST-ZIP **MELBOURNE FL 32902-2044**

TITLE
 NAME **DV ALLEN, MARY** ☒ Change ☐ Addition
 STREET ADDRESS **145 ORLANDO BLVD**
 CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE
 NAME **DP HOLLAND, JACKIE** ☐ Delete
 STREET ADDRESS **3209 RIVER WIND CT**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE
 NAME **DP HOLLAND, JACKIE** ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **STD MARION, VONNIE** ☐ Delete
 STREET ADDRESS **2085 S. RIVER RD.**
 CITY-ST-ZIP **MELBOURNE FL 32951**

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

TITLE
 NAME **DV FURLONG, LISA** ☒ Delete
 STREET ADDRESS **6305 HWY A1A**
 CITY-ST-ZIP **FLORIDANA BEACH FL 32951**

TITLE
 NAME **DV JEFFREYS, MARYLIN** ☐ Change ☒ Addition
 STREET ADDRESS **240 HAMMOCK SHORE DR.**
 CITY-ST-ZIP **MELBOURNE BEACH FLA. 32951**

TITLE
 NAME **DT BYARS, MARY** ☐ Delete
 STREET ADDRESS **698 JACKSON CT.**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

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:

Jackie Holland
JACKIE HOLLAND

1/23/02
1/23/02

321-951
1395

CR2E037 (9/01)