

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002384

1. Entity Name

MERRITT ISLAND PROJECT GRADUATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90226 005 ****61.25

Principal Place of Business

Mailing Address

96 WILLARD ST
SUITE 302
COCOA FL 32922

96 WILLARD ST
SUITE 302
COCOA FL 32922-7947

2. Principal Place of Business

100 MUSTANG WAY

3. Mailing Address

100 MUSTANG WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Is. FL

City & State

Merritt Isl, FL

4. FEI Number

59-3243855

Applied For

Not Applicable

Zip

32953

Country

USA

Zip

32953

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRABYK, BRENDA
40 MOORE AVE
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name: STEPHANIE MAGNONE

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

590 SUNSET LANE

Merritt Isl

City

FL

Zip Code

32952

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

Stephanie Magnone

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

(NOTE: Registered Agent signature required when reinstating)

April 14, 2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, MAX H	
STREET ADDRESS	1050 GRANDA AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROTEN, KAREN	
STREET ADDRESS	370 MOCKING BIRD LANE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRABYK, BRENDA	
STREET ADDRESS	40 MOORE AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAFFER, JANET H	
STREET ADDRESS	486 FALMOUTH AVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORETTA BEARLEGAL	
STREET ADDRESS	1555 GARMAN STREET	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHANIE TOWNSEND	
STREET ADDRESS	2190 PURPHE ST	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHANIE MAGNONE	
STREET ADDRESS	590 SUNSET LANE	
CITY-ST-ZIP	Merritt Isl, FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Stephanie Magnone April 14, 2000 (321) 452-4215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)