

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000002384**

1. Entity Name

MERRITT ISLAND PROJECT GRADUATION, INC.

Principal Place of Business

**100 MUSTANG WAY
MERRITT ISLAND FL 32953**

Mailing Address

**100 MUSTANG WAY
MERRITT ISLAND FL 32953**

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

59-3243855

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAGNONE, STEPHANIE
590 SUNSET LN.
MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

Name

Sheila Beal

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

555 BELLA CAPRI DRIVE

City

MERRITT ISLAND 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

Sheila Beal

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

(NOTE: Registered Agent signature required when reinstating)

4/24/01

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	BEORLEGUL, LORETTA	<input checked="" type="checkbox"/> Delete
NAME		1555 CARMEN ST.	
STREET ADDRESS		MERRITT ISLAND FL 32952	
CITY-ST-ZIP			

TITLE	D	TOWNSEND, STEPHANIE	<input checked="" type="checkbox"/> Delete
NAME		2170 PERPOISE ST.	
STREET ADDRESS		MERRITT ISLAND FL 32952	
CITY-ST-ZIP			

TITLE	D	MAGNONE, STEPHANIE	<input checked="" type="checkbox"/> Delete
NAME		590 SUNSET LN.	
STREET ADDRESS		MERRITT ISLAND FL 32952	
CITY-ST-ZIP			

TITLE	D	SHAFFER, JANET H	<input checked="" type="checkbox"/> Delete
NAME		486 FALMOUTH AVE	
STREET ADDRESS		MERRITT ISLAND FL	
CITY-ST-ZIP			

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		Sheila Beal	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		555 Bella Capri DR.	
STREET ADDRESS		Merritt Island, FL 32952	
CITY-ST-ZIP			

TITLE		Janet Daniels	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		510 Bella Capri DR.	
STREET ADDRESS		Merritt Island, FL 32952	
CITY-ST-ZIP			

TITLE		Irene Horst	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		580 Hidden Creek	
STREET ADDRESS		Merritt Island, FL 32952	
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			

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:

Sheila Beal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

(321) 453-2466

Daytime Phone #

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90313 041 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)