

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005716

1. Entity Name

MERRITT PARK PLACE GROUP, INC.

Principal Place of Business

321 PIONEER RD  
MERRITT ISLAND FL 32953

Mailing Address

321 PIONEER RD  
MERRITT ISLAND FL 32953

2. Principal Place of Business

220 No. GROVE ST

3. Mailing Address

220 No. GROVE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND

City & State

MERRITT ISLAND FL.

Zip

32953

Country

USA

Zip

32953

Country

US

6. Name and Address of Current Registered Agent

NATOWICH, SANDRA E  
321 PIONEER RD  
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CHAMPON, RICHARD 3141 NEWFOUND HARBOR DR MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NATOWICH, SANDRA E 321 PIONEER RD MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOONTZ, LINDA 360 TANGERINE AVE MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAY, DICK 3785 LAURETTE RD MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGIRR, DEBRA 264 N GROVE ST MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DANIEL J. 140 W MERRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN DON SHANNON 220 N. GROVE ST. MERRITT ISLAND, FL. 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-CHAIRMAN BETH KRING 291 N. COURTENAY PKWAY MERRITT ISLAND, FL. 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BILL JOYNT 231 No. GROVE ST. MERRITT ISLAND, FL. 32953	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DICK DAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ROBERT ARTHURS 165 N. GROVE ST MERRITT ISLAND, FL. 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

RICHARD L. DAY JR. Richard L Day Jr

Date

4/18/01

Daytime Phone #

321-453-3074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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