

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90002 043 ****61.25

DOCUMENT # **N95000003164**

1. Entity Name

SpaceCoast Senior Games, INC.



DO NOT WRITE IN THIS SPACE

54067158

2. Principal Place of Business

360 Newfound Harbor Dr.

Suite, Apt. #, etc.

3. Mailing Address

360 Newfound Harbor Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Merritt Island, FL

City & State

Merritt Island, FL

4. FEI Number

59-3325021

Applied For

Not Applicable

Zip

32952

Country

USA

Zip

32952

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CAROL BEEBE

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

360 Newfound Harbor Dr.

City

Merritt Island

FL

Zip Code

32952

**DO NOT WRITE
IN THIS SPACE**

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; I am familiar with; and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ED
CAROL BEEBE
360 Newfound Harbor Dr.
Merritt Island, FL 32952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Richard Hellenberg
3091 Panama Dr.
Melbourne, FL 32934

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
Joan M. Keller
2600 Larry Ct.
Melbourne, FL 32935

TITLE
NAME
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Beebe / Carol Beebe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/04 321-626-2209

Date

Daytime Phone #

CR2E037B (12/02)