

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90169 005 \*\*\*\*61.25

**DOCUMENT # N95000004721**

**1. Entity Name**  
**PARTNERSHIP FOR A SUSTAINABLE FUTURE, INC.**



**Principal Place of Business**  
**6414 SOUTH DRIVE**  
**MELBOURNE VILLAGE FL 32904**

**Mailing Address**  
**6414 SOUTH DRIVE**  
**MELBOURNE VILLAGE FL 32904**

**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 59-3433237**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**GRIFFITH, PRISCILLA**  
**6414 SOUTH DRIVE**  
**MELBOURNE VILLAGE FL 32904**

**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. 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

**FILE NOW: FEE IS \$61.25**

**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	<b>S</b> <b>TODD, MARY</b> <b>135 BELAIRE DR</b> <b>MERRITT ISLAND FL 32952</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SLANEY, ED</b> <b>2981 NOVA SCOTIA LN</b> <b>MELBOURNE FL 32935</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ZARILLO, KIM</b> <b>760 CAJUPUT CIR</b> <b>MELBOURNE VILLAGE FL 32904</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRIFFITH, PRISCILLA</b> <b>6814 S DR</b> <b>MELBOURNE VILLAGE FL 32904</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAYES, G</b> <b>463 SPOONBILL LN</b> <b>MELBOURNE FL 32951</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROUSSARD, WILLIAM</b> <b>502 E. NEW HAVEN AVE</b> <b>MELBOURNE FL 32901</b>	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SPHAR, Mary</b> <b>819 Heron Rd</b> <b>COCOA FL 32926</b>	<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	<b>D</b> <b>Zarillo, Kim</b> <b>5575 Willoughby Dr.</b> <b>Melbourne FL 32934</b>	<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	<b>Co-Pres</b> <b>Maureen Rupe, MAUREEN</b> <b>9185 Bright Ave</b> <b>Port St John FL 32927</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Co-Pres</b> <b>Jim Egan, JIM</b> <b>MRC 270, Paint St</b> <b>Rockledge FL 32955</b>	<input type="checkbox"/> Change <input checked="" 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:** *Edward Slaney* **Edward Slaney** 2-13-03 321-242-1222

CR2E037 (10/02)