

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90096 038 \*\*\*\*61.25

**DOCUMENT # N95000005209**

1. Entity Name

**NEIGHBORS AGAINST CRIME, INC.**

Principal Place of Business

Mailing Address

COMMUNITY RELATIONS CTR  
 1700 W NEW HAVEN AVE ROOM 141  
 MELBOURNE FL 32904  
 US

~~1310 E. PROSPECT AVE.~~  
~~MELBOURNE FL 32904~~

2. Principal Place of Business

3. Mailing Address

Community Relations Ctr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1700 W. New Haven Ave.

City & State

City & State

Melbourne, FL

Zip

Country

Zip

Country

32904

USA

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELEY, EDMOND L  
 111 SOUTH SCOTT STREET  
 MELBOURNE FL 32901

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 **DV** ☐ Delete  
 NAME **MEEHAN, KATHLEEN H**  
 STREET ADDRESS **1310 E. PROSPECT AVE.**  
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **DP** ☒ Delete  
 NAME **MAILHOT, GINA**  
 STREET ADDRESS **4150 BAHAMA AVE**  
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **DT** ☐ Delete  
 NAME **MASSIMINI, JOSEPH**  
 STREET ADDRESS **1583 ALBERT DR**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **DS** ☒ Delete  
 NAME **ZAMBARAS, MELODY**  
 STREET ADDRESS **3033 COLLEGEWOOD DRIVE**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **DT** ☐ Delete  
 NAME **Tom Branco**  
 STREET ADDRESS **1376 Arnold Dr.**  
 CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **DS** ☐ Delete  
 NAME **Leslie Kellnerogk**  
 STREET ADDRESS **901 Whispering Dr.**  
 CITY-ST-ZIP **Melbourne, FL 32901**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DP** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

3/20/02 321-242-2306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0013641