## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## **FILED** DOCUMENT # N95000005221 Apr 24, 2000 8:00 am Secretary of State SATELLITE BEACH COMMUNITY SERVICES, INC. 04-24-2000 90110 009 \*\*\*\*61.25 Principal Place of Business Mailing Address 1087 S. PATRICK DR. 1087 S. PATRICK DR. SATELLITE BEACH FL 32937-3901 SATELLITE BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3352842 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name\_\_ Street Address (P.O. Box Number is Not Acceptable) NORTHCUTT, WILLIAM R 2194 HIGHWAY A1A STE 306 INDIAN HARBOR BEACH FL 32937 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE DP ☐ Delete TITLE ☐ Change ☐ Addition NAME Mark Lowe NAME STREET ADDRESS STREET ADDRESS 510 CINNAMON DRIVE CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL Change ☐ Addition TITLE D۷ TITLE NAME WILLIAM E-MAYER NAME STREET ADDRESS STREET ADDRES <del>.227=KINGST0N+R0A</del>O CITY-ST-7IP CITY-ST-7IP CATELLITE BEACH FL DS. ☐ Delete Change ☐ Addition TITLE TITLE NAME JOHN FERGUS NAME STREET ADDRESS STREET ADDRESS 135 MAPLE DRIVE CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL D۷ Change Addition TITLE ☐ Delete TITLE STOVE, ROBERT NAME STREET ADDRESS STREET ADDRESS 530 CINNAMON DR. CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Change TITLE TITLE ☐ Addition NAME PAULA GREATURA NAME STREET ADDRESS STREET ADDRESS 510 CINNAMON DRIVE CITY-ST-ZIP SATELLITE-BEACH+Ft CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE DT : TITLE NAME NAME MAYER, WM. E STREET ADDRESS STREET ADDRESS 377 KINGSTON ROAD CITY-ST-ZIP CITY-ST-ZIP <u>Satellite Be</u>ach FL 32<u>937</u> 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