

2004 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90126 040 ****61.25

DOCUMENT # N96000001587

1. Entity Name

CENTRAL VIERA INTERFAITH DISTRICT ASSOCIATION, I

Principal Place of Business

**7380 MURRELL RD., SUITE 201
VIERA FL 32940**

Mailing Address

**7380 MURRELL RD., SUITE 201
VIERA FL 32940**

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 **59-3307472**Applied For
Not Applicable5. 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

**DECATOR, JAY A I
7380 MURRELL RD., SUITE 201
VIERA FL 32940**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VD	DECATOR, JAY	7380 MURRELL RD., SUITE 201	VIERA FL				
D	MILLER, C SCOTT	7380 MURRELL RD., SUITE 201	VIERA FL	P			
TD	MARTELL, PAUL	7380 MURRELL RD., SUITE 201	VIERA FL				

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:

Paul Martell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-01

321-242-1200

Date

Daytime Phone #

CR2E037 (10/00)