

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001591

1. Entity Name

WICKHAM COMMONS COMMERCIAL DISTRICT ASSOCIATION,

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90098 040 ****61.25

Principal Place of Business

7380 MURRELL RD. SUITE 201
VIERA FL 32940

Mailing Address

7380 MURRELL RD. SUITE 201
VIERA FL 32940-8130

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3307162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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.

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: VD
NAME: DECATOR, JAY
STREET ADDRESS: 7380 MURRELL RD, SUITE 201
CITY-ST-ZIP: VIERA FL ☐ Delete

TITLE: D
NAME: MILLER, SCOTT C
STREET ADDRESS: 7380 MURRELL RD, SUITE 201
CITY-ST-ZIP: VIERA FL ☐ Delete

TITLE: TD
NAME: MARTELL, PAUL
STREET ADDRESS: 7380 MURRELL RD, SUITE 201
CITY-ST-ZIP: VIERA FL ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

SIGNATURE NOT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-00

(321) 242-1200

Date

Daytime Phone #

CR2E037 (9/99)