

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90259 041 ****61.25

DOCUMENT # N96000001940

1. Entity Name

COMEUNITY, INC.

Principal Place of Business

803 N. FISKE BLVD.
COCOA FL 32922
US

Mailing Address

~~PO BOX 1207~~ *Same as*
~~COCOA FL 32922~~ *principal place*
US

2. Principal Place of Business

3. Mailing Address

803 N. Fiske Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Cocoa FL

Zip

Country

Zip
32922

Country

4. FEI Number

59-3380450

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

SPAULDING, EARTHY

~~2700 CROTON RD #119~~ *2421 Equinox Drive*
MELBOURNE FL 32935

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	D	<input type="checkbox"/> Delete
NAME	SPAULDING, EARTHY	
STREET ADDRESS	2700 CROTON RD #119 <i>2421 Equinox Drive</i>	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, PETER	
STREET ADDRESS	1710 FLAMEVIEW PLACE	
CITY-ST-ZIP	VALKARIA FL 32950	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANCIS, LENNOX	
STREET ADDRESS	1830 OAK DRIVE SOUTH	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, JAMES	
STREET ADDRESS	1100 WEDGEWOOD LANE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBER, DONALD	
STREET ADDRESS	1770 WINDOVER OAKS #44	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLINKSCALES, ALBERTA	
STREET ADDRESS	2032 NOTTINGHAM RD	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Pittman	
STREET ADDRESS	960 Brewster Lane	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Johnson	
STREET ADDRESS	4140 Airlift Street	
CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. Garfield Neely	
STREET ADDRESS	1143 Tarpon Drive	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Woodrow Reels	
STREET ADDRESS	1840 Clover Circle	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gloria J. Jones	
STREET ADDRESS	1420 Palmwood Drive	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brenda Black	
STREET ADDRESS	1040 Mitchell Street	
CITY-ST-ZIP	Cocoa, FL 32922	

CR2E037 (10/00)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Apr 01

321 633-0033

Date

Daytime Phone #

Additional director to the Board of Leaders of ComeUNITY, Inc.

Director
James Roberts, Jr.
1919 Fabien Circle
Viera, FL 32940

Attachment
E0053760

#N960000001940