

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004106

1. Entity Name

REUSABLE RESOURCES ADVENTURE CENTER, INC.

Principal Place of Business

2255 MEADOWLANE AVE., W.
MELBOURNE FL 32904

Mailing Address

P.O. BOX 360507
MELBOURNE FL 32936
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FRESE, GARY B
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901

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 D ☐ Delete
NAME NATIONS, ZEKE
STREET ADDRESS 4680 LIPSCOMB STREET, NE SUITE 10-D
CITY-ST-ZIP PALM BAY FL 32905

TITLE DS ☐ Delete
NAME BRANDT, LINDA
STREET ADDRESS 1590 HIGHLAND AVE.
CITY-ST-ZIP MELBOURNE FL 32935

TITLE DT ☐ Delete
NAME FAULK, PATTI
STREET ADDRESS 1384 WING ROAD, N.W.
CITY-ST-ZIP PALM BAY FL 32907

TITLE P ☐ Delete
NAME FOELL, MARLYN
STREET ADDRESS 117 SE 4TH STREET
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D ☐ Delete
NAME KRAUSS, GINGER
STREET ADDRESS 633 FORD CIRCLE
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: *Patti Faulk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

423-01 321-729-0100



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90022 020 ****61.25