

2002 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3391714

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

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

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	D NATIONS, ZEKE	<input type="checkbox"/> Delete
STREET ADDRESS	4680 LIPSCOMB STREET, NE SUITE 10-D	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE NAME	DS BRANDT, LINDA	<input type="checkbox"/> Delete
STREET ADDRESS	1590 HIGHLAND AVE.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE NAME	DT FAULK, PATTI	<input type="checkbox"/> Delete
STREET ADDRESS	1384 WING ROAD, N.W.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE NAME	P FOELL, MARLYN	<input type="checkbox"/> Delete
STREET ADDRESS	117 SE 4TH STREET	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE NAME	D KRAUSS, GINGER	<input type="checkbox"/> Delete
STREET ADDRESS	633 FORD CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	325 Fifth Ave., Ste. 203	
CITY-ST-ZIP	Indianapolis, FL 32903	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, Director, REUSABLE RESOURCES ADVENTURE CENTER, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2502

321-729-0100

CR2E037 (9/01)