

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90772 005 ****61.25

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

10071596



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3391714

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	NATIONS, ZEKE	
STREET ADDRESS	325 FIFTH AVE. STE. 203	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BRANDT, LINDA	
STREET ADDRESS	1590 HIGHLAND AVE.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FAULK, PATTI	
STREET ADDRESS	1384 WING ROAD, N.W.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	P	<input type="checkbox"/> Delete
NAME	FOELL, MARLYN	
STREET ADDRESS	117 SE 4TH STREET	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAUSS, GINGER	
STREET ADDRESS	633 FORD CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, DT
SIGNATURE

4-12-03 321-729-0100

CR2E037 (10/02)