2000 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Aug 29, 2000 8:00 am
Secretary of State
08-10-2000 90006 026 ****61.25

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1. Entity Name

THE ERIC STACK & JULIE DEAN MEMORIAL FOUNDATION.

Principal Place of Business	Mailing Address
525 STRAWBRIDGE AVENUE MELBOURNE FL 32901	3929 PONCE DE LEON BLVD 2ND FLOOR CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	525 Strawbridge Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Melbourne, FL
Zip / Country	Zip: 32901 / Country: Brevard

4. FEI Number: 65-0740013 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAZENBY,-ROBERT A ESQ.
525 STRAWBRIDGE AVENUE
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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 / STREET ADDRESS / CITY-ST-ZIP	D STACK, SUSAN 525 STRAWBRIDGE AVENUE MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Marie Aspey Secretary 525 Strawbridge Ave. Melbourne, FL 32901	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ST~~ T SCATTERGOOD, MARY 525 STRAWBRIDGE AVENUE MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charles R. Stack 525 Strawbridge ave melbourne - Fla 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BENITEZ, BARBARA C. 3929 PONCE DE LEON BLVD CORAL GABLES FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Dr. Rajiv Chandra 20 E. Melbourne ave Melbourne FLA. 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEILER, MICHAEL B. ES 3929 PONCE DE LEON BLVD CORAL GABLES FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BIBBY, SUSAN 3929 PONCE DE LEON BLVD CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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 8/8/00 321-725-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #