

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90309 048 ****61.25

DOCUMENT # N96000005088

1. Entity Name

SCHUMANN COMMERCIAL PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

906 S. FLEMING ST
 SEBASTIAN FL 32958
 US

P.O. BOX 781047
 SEBASTIAN FL 32978

2. Principal Place of Business

1732 INDIAN RIV. DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SEBASTIAN, FL

City & State

Zip

Country

32958

4. FEI Number

NOT APPLICABLE

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

ADAMS, HAROLD D
1876 N US HWY 1
SEBASTIAN FL 32958

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 PD
 NAME ADAMS, HAROLD D
 STREET ADDRESS 906 S. FLEMING ST
 CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1732 INDIAN RIVER DRIVE**
 CITY-ST-ZIP **SEBASTIAN, FLORIDA 32958**

TITLE VTSD
 NAME ADAMS, FRANCES J
 STREET ADDRESS 906 S. FLEMING ST
 CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1732 INDIAN RIVER DRIVE**
 CITY-ST-ZIP **SEBASTIAN, FLORIDA 32958**

TITLE D
 NAME KING, JOHN
 STREET ADDRESS 1876 N US HWY 1
 CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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:

SIGNATURE REQUIRED

2/19/02

(561) 589-0790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)