

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006588

1. Entity Name

SPACE COAST FIGURE SKATING CLUB, INC.

Principal Place of Business

Mailing Address

720 ROY WALL BLVD.
ROCKLEDGE FL 32955

720 ROY WALL BLVD.
ROCKLEDGE FL 32955-6212

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3436284

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

EATON, DENNIS
3817 WETHERS FIELD CIRCLE
TITUSVILLE FL 32780

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 ☐ Delete
NAME MONTES, RAUL
STREET ADDRESS 1231 SUGAR CREEK LANE
CITY-ST-ZIP ROCKLEDGE FL

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

TITLE VD ☐ Delete
NAME GOWER, DENNIS
STREET ADDRESS 1761 MEADOWS COURT
CITY-ST-ZIP MERRITT ISLAND FL

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

TITLE SD ☒ Delete
NAME LEWIS, LINDA
STREET ADDRESS 844 TIFFANY PLACE
CITY-ST-ZIP ROCKLEDGE FL

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS Gill Ann
CITY-ST-ZIP 469 N. Waterway Dr.
Satellite Beach, FL 32937

TITLE TD ☐ Delete
NAME VARCHAL, CAROLE
STREET ADDRESS 1525 N HWY A1A #502
CITY-ST-ZIP INDIALANTIC FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: Carole L. Varchal Carole L. Varchal 1-25-2000 407 984-2624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90146 019 ****61.25



DO NOT WRITE IN THIS SPACE