

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000078

1. Entity Name

CENTURION CLUB OF VIERA, INCORPORATED

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90004 014 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7580 HALF MOON COURT
MELBOURNE FL 32940

7580 HALF MOON CT
MELBOURNE FL 32940-7977
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

MASTERSON, DORIS E
7580 HALF MOON COURT
MELBOURNE FL 32940

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 ☐ Delete
NAME **P**
STREET ADDRESS **MASTERSON, GORDON P**
CITY-ST-ZIP **7580 HALF MOON COURT
MELBOURNE FL 32940**

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **MASTERSON, DORIS E**
CITY-ST-ZIP **7580 HALF MOON COURT
MELBOURNE FL 32940**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MILLS, TRAVIS L**
CITY-ST-ZIP **1501 CHESAPEAKE CT
VIERA FL 32940**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PECKHAM, HOWARD JR**
CITY-ST-ZIP **1503 CHESAPEAKE CT
VIERA FL 32940**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PITTMAN, ROBERT**
CITY-ST-ZIP **438 HAWTHORNE CT
INDIAN HARBOR BEACH FL 32937**

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. **DORIS E MASTERSON**

SIGNATURE:

Doris E Mastersson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-2000

Date

Daytime Phone #

CR2E037 (9/99)