

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001448

1. Entity Name

GRACE INTERVENTION SERVICES, INC.

Principal Place of Business

891 COPLY STREET, SE
PALM BAY FL 32909

Mailing Address

891 COPLY STREET, SE
PALM BAY FL 32909-3874

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

59-3434091

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

HARTLEY, THOMAS N
430 JOHNSON AVE #101
CAPE CANAVERAL FL 32920

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 CD ☐ Delete
NAME WRIGHT, ERIC
STREET ADDRESS 1200 HILLTOP CT
CITY-ST-ZIP PALM BAY FL 32909

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

TITLE VC ☐ Delete
NAME HARRIS, NATHANIEL
STREET ADDRESS 1114 PEACOCK AVE
CITY-ST-ZIP PALM BAY FL 32907

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

TITLE S ☐ Delete
NAME MINER, DONNA
STREET ADDRESS 4884 ERIN LANE
CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE T ☐ Delete
NAME PATTERSON, CRIS
STREET ADDRESS 1384 PINEAPPLE AVE
CITY-ST-ZIP MELBOURNE FL 32935

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

TITLE D ☐ Delete
NAME KOENIG, WALTER
STREET ADDRESS 2583 S 414
CITY-ST-ZIP MELBOURNE BCH FL 32951

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: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 2000 704-366-7796

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90016 001 ****61.25



DO NOT WRITE IN THIS SPACE