

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0014660

**DOCUMENT # N97000003148**

1. Entity Name

**WEBSTER UNIVERSITY ALUMNI ASSOCIATION, INC., SPA  
 CE COAST BRANCH**

04-11-2002 90047 024 \*\*\*\*61.25

Principal Place of Business

**250 NORTH COURTNEY PARKWAY  
 WEBSTER UNIVERSITY SPACE COAST  
 MERRITT ISLAND FL 32953**

Mailing Address

**250 NORTH COURTNEY PARKWAY  
 WEBSTER UNIVERSITY SPACE COAST  
 MERRITT ISLAND FL 32953**

2. Principal Place of Business

**150 N. Sykes Creek  
 Suite 200**

3. Mailing Address

**150 N. Sykes Creek  
 Suite 200**



DO NOT WRITE IN THIS SPACE

City or State

**Merritt Island, FL**

City or State

**Merritt Island, FL**

4. FEI Number

**59-3482478**

Applied For

Not Applicable

Zip

**32953**

Country

**Brevard**

Zip

**32953**

Country

**Brevard**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MISA, MICHAEL E  
 393 OAK HEAVEN DR  
 MELBOURNE FL 32940**

7. Name and Address of New Registered Agent

**Name: Kathleen Grey  
 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 *Kathleen Grey*  
 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MISA, MICHAEL E	
STREET ADDRESS	393 OAK HEAVEN DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOLLETT, PATRICK	
STREET ADDRESS	871 YORKTOWN DR	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOWDEN, BOBBY	
STREET ADDRESS	2624 SENATOR WY	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PYLANT, JULIE	
STREET ADDRESS	325 SEAPORT BLVD	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD <del>President</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen Grey	
STREET ADDRESS	2107 Ramsdale Drive SE	
CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michele Schaut	
STREET ADDRESS	320 Sabal Ave.	
CITY-ST-ZIP	Merritt Is., FL 32953	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Athena Brown	
STREET ADDRESS	1844 Longleaf Rd	
CITY-ST-ZIP	Cocoa, FL 32926	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LouAnn Janes	
STREET ADDRESS	1036 Greenleaf Ct.	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *LouAnn Janes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02

Date

867-5903

Daytime Phone #

CR2E037 (9/01)