

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90044 016 ****61.25

DOCUMENT # N97000003148

1. Entity Name

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



Principal Place of Business

**150 N. SYKES CREEK
SUITE 200
MERRITT ISLAND FL 32953**

Mailing Address

**150 N. SYKES CREEK
SUITE 200
MERRITT ISLAND FL 32953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3482478**

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

**GREY, KATHLEEN
393 OAK HEAVEN DR
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	GREY, KATHLEEN	2107 RAMSDALE DRIVE SE	PALM BAY FL 32909	<input type="checkbox"/>						
VD	SCHAUT, MICHELE	320 SABAL AVE.	MERRITT ISLAND FL 32953	<input type="checkbox"/>						
SD	BROWN, ATLERA	1844 LONGLEAF RD	COCOA FL 32926	<input type="checkbox"/>						
TD	JANES, LOUANN	1036 GREENLEAF CT.	ROCKLEDGE FL 32955	<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

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:

Kathleen Reid Gray
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT REGISTERED AGENT

01-14-03

CR2E037 (10/02)