

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004242

1. Entity Name

SPACE COAST CHAPTER OF THE ASSOCIATION FOR DEATH

Principal Place of Business

141 GENOA ST
INDIAN HARBOUR BCH FL 32937
US

Mailing Address

141 GENOA ST
INDIAN HARBOUR BCH FL 32937-4214
US

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

59-3460990

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

PYLE, DIANA
141 GENOA ST
INDIAN HARBOUR BCH FL 32937

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 D ☐ Delete
NAME MILLSPAUGH, CHARLOTTE
STREET ADDRESS 1049 KNECHT RD NE
CITY-ST-ZIP PALM BAY FL 32905

TITLE V/D ☒ Change ☐ Addition
NAME
STREET ADDRESS MILLSPAUGH, CHARLOTTE
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PYLE, DIANA
STREET ADDRESS 141 GENOA STREET
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE P/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME VAN BUREN, ROBERTA
STREET ADDRESS 307 THIRD STREET
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE S/D ☐ Change ☒ Addition
NAME Mary Bratsen
STREET ADDRESS 1397 Gleneagles Circle
CITY-ST-ZIP Rockledge, FL 32955

TITLE D ☒ Delete
NAME PETTY, MARY
STREET ADDRESS 400 N. BURNETT ROAD
CITY-ST-ZIP COCOA FL 32926

TITLE T/D ☐ Change ☒ Addition
NAME John Arnold
STREET ADDRESS 523 Adams Avenue
CITY-ST-ZIP Cape Canaveral, FL 32920

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:

John Arnold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Arnold, Treasurer 321-253-4430

Date

Daytime Phone #

CR2E037 (9/99)