

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90116 025 ****70.00

DOCUMENT # N98000001983

1. Entity Name
EAST COAST COMMUNITY CARE CENTER, INC.



Principal Place of Business

**670 N COURTNEY PKWY
SUITE 9
MERRITT ISLAND FL 32953**

Mailing Address

**670 N COURTNEY PKWY
SUITE 9
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 59-3528152

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

**ELLIS, DAVID P
680 N. COURTENAY PARKWAY
MERRITT ISLAND FL 32952**

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	PD	<input type="checkbox"/> Delete
NAME	STALLBAUM, DANIEL C	
STREET ADDRESS	1605 SUN POINTE PLACE	
CITY-ST-ZIP	MERRITT IS 32952	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GOOLSBY, RAY	
STREET ADDRESS	2808 KENYON AVE.	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PARTIN, ERIC	
STREET ADDRESS	967 BAYWARD LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELLIS, DAVID P	
STREET ADDRESS	435 S. COURTENAY PARKWAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *DAVID P. ELLIS* **DAVID P. ELLIS 3-25-03 321-452-1060**

CR2E037 (10/02)