

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000664

1. Entity Name

MISSIONARY MANOR, INC.

Principal Place of Business

Mailing Address

880 PILGRIM DR.  
TITUSVILLE FL 32780

880 PILGRIM DR.  
TITUSVILLE FL 32780-4930

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, KATHLEEN W  
880 PILGRIM DR.  
TITUSVILLE FL 32780

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 GRAY, LOWELL  
STREET ADDRESS 2580 WHITE OAK DR.  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D ☐ Change ☒ Addition  
NAME Baker, Arlann  
STREET ADDRESS 515 Carpenter Road  
CITY-ST-ZIP Titusville, FL 32796

TITLE D ☐ Delete  
NAME STIGGINS, JEFFERY  
STREET ADDRESS 3885 HICKORY HILLS BLVD.  
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE D ☐ Delete  
NAME SCARDO, WADE L  
STREET ADDRESS 820 WILLIAMSBURG DR.  
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE D ☐ Delete  
NAME PETERSON, JOHN M  
STREET ADDRESS 880 PILGRIM DR.  
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE D ☐ Delete  
NAME PETERSON, KATHLEEN W  
STREET ADDRESS 880 PILGRIM DR.  
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE D ☐ Delete  
NAME REIFF, ALISA R  
STREET ADDRESS 1108 LINDA AVE.  
CITY-ST-ZIP TITUSVILLE FL 32780

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:

Kathleen W. Peterson 4/19/00 (321) 269-2815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90030 003 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3575305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required