

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000664

1. Entity Name

MISSIONARY MANOR, INC.

Principal Place of Business

880 PILGRIM DR.
TITUSVILLE FL 32780

Mailing Address

880 PILGRIM DR.
TITUSVILLE FL 32780

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

59-3575305

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

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 ☐ Change ☒ Addition
NAME Baker, Arlynn
STREET ADDRESS 515 N Carpenter Rd
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 Stefanovic, Terry
STREET ADDRESS 3886 Buteo Place
CITY-ST-ZIP Titusville, FL 32796

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90033 035 *****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)