

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90192 019 ****61.25

DOCUMENT # N99000005721

1. Entity Name

DOWNTOWN COCOA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**258 BREVARD AVENUE
COCOA FL 32922****258 BREVARD AVENUE
COCOA FL 32922**

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

59-3601336

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

**LOTANE, TROY R
200 BREVARD AVENUE
COCOA FL 32922**

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 \$61.259. 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
NAME PD
STREET ADDRESS VANDERSLICE, HARRISON P
CITY-ST-ZIP 258 BREVARD AVENUE
COCOA FL 32922 ☐ DeleteTITLE
NAME T VANDERSLICE Harrison
STREET ADDRESS 258 Brevard Av.
CITY-ST-ZIP COCOA, FL. 32922 ☐ Change ☒ AdditionTITLE
NAME VD
STREET ADDRESS SEVINGNY, ROGER
CITY-ST-ZIP 258 BREVARD AVENUE
COCOA FL 32922 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME SD
STREET ADDRESS DECHRISTOPHER, MIKE
CITY-ST-ZIP 258 BREVARD AVENUE
COCOA FL 32922 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME TD
STREET ADDRESS MCCLURE, CHARLES
CITY-ST-ZIP 258 BREVARD AVENUE
COCOA FL 32922 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, 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 #

Harrison Vanderslice
321-632-1122
1-11-02

CR2E037 (9/01)