

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0130105 AV

DOCUMENT # P02000043263

1. Entity Name
520 WEST COMMUNITY DEVELOPERS, INC.



04-30-2003 90309 029 ***150.00

Principal Place of Business
6767 N WICKHAM ROAD SUITE 500
MELBOURNE FL 32940

Mailing Address
6767 N WICKHAM ROAD SUITE 500
MELBOURNE FL 32940

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

460476924

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

FRESE, GARY B
930 S HARBOR CITY BLVD SUITE 505
MELBOURNE FL 32901

Name **Robert M. Kush**
Street Address (P.O. Box Number is Not Acceptable)
6767 N. Wickham Rd., Suite 500
Melbourne
City **FL** Zip Code **32940**

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 *Robert M. Kush*

(NOTE: Registered Agent signature required when reinstating)

DATE

4.29.03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D GIRARD, SUSAN**
STREET ADDRESS **6767 N WICKHAM ROAD SUITE 500**
CITY-ST-ZIP **MELBOURNE FL 32940**

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

TITLE ☐ Delete
NAME **D BUESCHER, KEITH**
STREET ADDRESS **6767 N WICKHAM ROAD SUITE 500**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☒ Change ☐ Addition
NAME **DV**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D KUSH, ROBERT M**
STREET ADDRESS **6767 N WICKHAM ROAD SUITE 500**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☒ Change ☐ Addition
NAME **DP**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D LONGO, PATRICK**
STREET ADDRESS **6767 N WICKHAM ROAD SUITE 500**
CITY-ST-ZIP **MELBOURNE FL 32940**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Daniel Semler**
STREET ADDRESS **6767 N. Wickham Rd., Suite 500**
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S Frank Prince**
STREET ADDRESS **6767 N. Wickham Rd., Suite 500**
CITY-ST-ZIP **Melbourne, FL 32940**

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 607, 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 #

Robert M. Kush 4.29.03 321.259.6972

CR2E034 (10/02)