## **2001 UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## DOCUMENT # P94000078849

1. Entity Name

Principal Place of Business

SIGNATURE:

FACILITIES CORPORATION OF AMERICA - FLORIDA DIVI

106 DIXIE LANE COCOA BEACH FL 32931		106 DIXIE LANE COCOA BCH FL 32931 US			
2. Principal Pla	ace of Business	3. Mailing Address			
					101
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3282876 Applied F	
Zip	Country	Zip	. Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent	
			Name		
ROGER SEVIGNY 106 DIXIE LANE			Street Addres	ss (P.O. Box Number is Not Acceptable)	
COC	OA BCH FL 32931				
			City	Zip Code	
	named entity submits this stateme	nt for the purpose of changing it	ts registered office or regis	stered agent, or both, in the State of Florida.	
SIGNATURE _	Signature, typed or printed name of registered	agent and title if applicable. (NC	DTE: Registered Agent signature requ	uirod when reinstating) DATE	-
Tax filing r	ration is eligible to satisfy its Intan equirement and elects to do so. ia on back)	After MAY 1, 2	V!!! FEE IS \$150.00 2001 Fee will be \$550.0 able to Department of S	I Trust rung Contribution. L.J. Added to Fed	y Be es
11.	OFFICERS /	AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	1
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ A	Addition
NAME CEREET ARRESON	ALLEN, JOHN M		NAME		
STREET ADDRESS CITY-ST-ZIP	106 DIXIE LANE COCOA BEACH FL		STREET AODRESS CNY-ST-ZIP		
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ A	Addition
NAME	SEVIGNY, ROGER A		NAME		
STREET ADDRESS CITY-ST-ZIP	106 DIXIE LANE		STREET ADDRESS CITY-ST-ZIP		
TITLE	COCOA BEACH FL 32931	Delete	TITLE	Change /	Addition
NAME		i Delete	NAME	C Ontaingy	dalilon
STREET ADDRESS			STREET ADDRESS		
CITY-\$T-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Change	Addition .
NAME		El boloto	NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	·	
TITLE		☐ Delete	TITLE	☐ Change ☐	Addition
NAME 0XXXXX ADDRESS			NAME OTREET APPRESS	·	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS (		
12   horolou	cartify that the information association	d with this filling does not a sality	for the augmention stated i	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated of the co-	on this report or supplemental re from this report or supplemental re rporation or the receiver or trustee , or on an attachment with an add	port is true and accurate and that empowered to execute this repress, with all other like empower	at my signature shall have ort as required by Chapter ed.	rt Section 118.07(5)(f), Florida Statutes. Hutther Gertily that the imbility the same legal effect as if made under oath; that I am an officer or dir r 607, Florida Statutes; and that my name appears in Block 11 or Bloc	rector k 12 if

KOGER A

**FILED** 

Mar 02, 2001 8:00 am Secretary of State

03-02-2001 90014 050 \*\*\*158.75