

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081748

1. Entity Name

First Choice Melbourne 1, Inc.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90441 002 \*1,350.00

Principal Place of Business

5200-S. Washington Ave.  
Titusville, FL 32780

Mailing Address

5200-S. Washington Ave.  
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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

10619

6. Name and Address of Current Registered Agent

Robert J. Downing  
5200-S. Washington Ave.  
Titusville, FL 32780

7. Name and Address of New Registered Agent

Name: Ronald W. Anderson  
Street Address (P.O. Box Number is Not Acceptable): 5200-S. Washington Ave.  
City: Titusville FL Zip Code: 32780

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

4-24-00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	Gary L. Smith	
STREET ADDRESS	5200-S. Washington Ave.	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	V	<input type="checkbox"/> Delete
NAME	Donna Siebel	
STREET ADDRESS	5200-S. Washington Ave.	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	J.N. Hutchinson	
STREET ADDRESS	5200-S. Washington Ave.	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	Robert J. Downing	
STREET ADDRESS	5200-S. Washington Ave.	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	Joseph Alvarez	
STREET ADDRESS	5200-S. Washington Ave.	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lillian Clover	
STREET ADDRESS	5200-S. Washington Ave.	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	OTC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James E. Ernst	
STREET ADDRESS	5200-S. Washington Ave.	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lillian Clover, Secretary  
Lillian Clover, Secretary

4/24/00 (888) 782-7816

Date

Daytime Phone #

CR2E034 (9/99)