

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90267 027 \*\*\*\*\*61.25

**DOCUMENT # 707080**

1. Entity Name

**BREVARD COUNTY AIR AND POWER BOAT ASSOCIATION IN**

Principal Place of Business

6301 HWY. 192  
 PO BOX 192  
 W. MELBOURNE FL 32904

Mailing Address

THOMAS R LONG - BOARD OF DIRECTORS  
 3317 S PURDUE ST  
 MELBOURNE FL 32901  
 US

00004174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LONG, THOMAS R  
 3317 S PURDUE ST  
 MELBOURNE FL 32901

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 THOMAS ROY LONG

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 4, 2001

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>DELANEY, CHRIS<br>127 SAN JUAN CIRCLE<br>MELBOURNE FL 32935 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>FARRINGTON, KENNY<br>2215 WILCOX ST<br>W MELBOURNE FL 32901 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>HORSCHER, JACK<br>300 CRESENT DR<br>MELBOURNE FL 32901      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>CROWL, CLARENCE<br>380 DORSET DR<br>W. MELBOURNE FL 32904  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>CROWL, TINA L<br>161 MAYWOOD AVE NW<br>PALM BAY FL 32907    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SAD<br>DELANEY, MATT<br>1807 S PARK AVE<br>MELBOURNE FL 32901    | <input checked="" type="checkbox"/> Delete |

|                                                |                                                                                      |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P. JOE HARRISON<br>3255 HILLO Rd.<br>Melb. Fla. 32904                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VJIM KUHMAN<br>1680 Willard Dr.<br>Palm Bay, Fla. 32907                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T JACK HORSCHER<br>300 Crescent Dr.<br>Melb. FLA. 32901                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC clarence CROWL<br>380 Dorset Dr.<br>W- Melb. Fla. 32904                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S. Tina Crowl L.<br>161 MAYWOOD AVE. NW<br>PALM Bay, Fla. 32907                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SAD. <del>WALT LARRAINE</del><br>WALT LARRAINE<br>2409 Trammel Ave<br>Melb FL. 32935 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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: THOMAS ROY LONG REQUIRED

CR2E037 (10/00)