

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708161

1. Entity Name

HOME BUILDERS AND CONTRACTORS ASSOCIATION OF BRE

Principal Place of Business

1500 W. EAU GALLIE BLVD.
MELBOURNE FL 32935

Mailing Address

1500 W. EAU GALLIE BLVD.
STE A
MELBOURNE FL 32935-5367
US

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

59-1448721

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

TRAVIS, DEL
1500 W. EAU GALLIE BLVD.
MELBOURNE FL 32935

Name

Jeanette D. Wessel

Street Address (P.O. Box Number is Not Acceptable)

1500 W. Eau Gallie Blvd.

City

Melbourne

FL

Zip Code
32935

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 of registered agent or printed name of registered agent and title if applicable.

Jeanette D. Wessel, CEO

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/2000

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 EVPD ☒ Delete
NAME TRAVIS, DEL
STREET ADDRESS 4025 PARKWAY DR.
CITY-ST-ZIP MELBOURNE FL

TITLE CEO ☐ Change ☒ Addition
NAME Wessel, Jeanette D.
STREET ADDRESS 1500 W. Eau Gallie Blvd.
CITY-ST-ZIP Melbourne, FL 32935

TITLE D ☒ Delete
NAME MCWILLIAMS, DAVE
STREET ADDRESS 1790 N. HIGHWAY A1A
CITY-ST-ZIP SATTELLITE BEACH FL

TITLE SD ☐ Change ☒ Addition
NAME David Armstrong
STREET ADDRESS 7350 Talona Ave. #A
CITY-ST-ZIP W. Melbourne, FL 32904

TITLE VD ☐ Delete
NAME CRAGG, ANITA
STREET ADDRESS P O BOX 51-0845 N/A
CITY-ST-ZIP MELBOURNE BEACH FL 32951

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

TITLE TD ☐ Delete
NAME THARPE, JAMES
STREET ADDRESS 1801 W. HIBISCUS BLVD
CITY-ST-ZIP MELBOURNE FL 32901

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

TITLE PD ☐ Delete
NAME MCWILLIAMS, ROSEANN D
STREET ADDRESS P O BOX 372595
CITY-ST-ZIP SATTELLITE BCH FL 32937

TITLE D ☒ Change ☐ Addition
NAME DiPrima, Roseann
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME METZ, TOM
STREET ADDRESS 4063 N. INDIAN RIVER DR
CITY-ST-ZIP COCOA FL 32927

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

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:

Jeanette D. Wessel, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/2000 (321)254-3700

CR2E037 (9/99)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90015 026 ****61.25



DO NOT WRITE IN THIS SPACE