2001 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2001 8:00 am Secretary of State **DOCUMENT # 708161** 1. Entity Name HOME BUILDERS AND CONTRACTORS ASSOCIATION OF BRE 03-19-2001 90013 030 ****61.25 Principal Place of Business Mailing Address 1500 W. EAU GALLIE BLVD. 1500 W. EAU GALLIE BLVD. STE A MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1448721 Not Applicable \$8.75 Additional Zip Country Ζip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 15*ER* Street Address (P.O. Box Number is Not Acceptable) WESSEL JEANETTE DE 1500 W. EAU GALLIE BLVD. **MELBOURNE FL 32935** Zip Code City FL rilts this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entits SIGNATURE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be **FILE NOW:** Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CR2E037 (10/00) **Addition** ☐ Change **CEO** Delete TITLE TITLE KAISER, FRANCK WESSELL, JEANETTE D NAME NAME 1500 W, FAU GAIL) EBLYD, A 1500 W EAU GALLIE BLVD STREET ADDRESS STREET ADDRESS MEXBOURTS FL 32935 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 ☐ Addition **Change** -SD TITLE ☐ Delete TITLE ARMSTRONG, DAVID NAME NAME STREET ADDRESS 7350 TALONA AVE #A STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32904 CITY-ST-7IP -X-Change- - 🖸 Addition--TtTt F TITI F 🖅 Delete CRAGG, ANITA NAME NAME STREET ADDRESS P O BOX 51-0845 N/A STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH FL 32951 CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME THARPE, JAMES NAME STREET ADDRESS STREET ADDRESS 1801 W. HIBISCUS BLVD CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 ☐ Change Addition 🔼 **⊠** Delete TITLE TITLE DIPRIMA, ROSEANN NAME NAME STREET ADDRESS STREET ADDRESS P O BOX 372595 CITY-ST-ZIP CITY-ST-ZIP SATELLITE BCH FL 32937 ☐ Addition ☐ Change **VPD** Delete TITLE TITLE METZ, TOM NAME NAME STREET ADDRESS STREET ADDRESS 4063 N. INDIAN RIVER DR CITY-ST-ZIP CITY-ST-ZIP **COCOA FL 32927** 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 supplier extra 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 rustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #

ith an address, with all other like empowered.

changed, or on an attachment