## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **740730**

Entity Name

## BREVARD COUNTY CHAMBERS OF COMMERCE COUNCIL, INC



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90714 022 \*\*\*\*61.25

| Malling Address   Malling Addr  | Care   Country   Care   Country   Care   Country   Care   Country   Care   Ca   | •  |  | •                                   |   |  | OO WE THE                           |                                |                                       |                         |                        |
|---|--|--|--|-------------------------------------|---|--|-------------------------------------|--------------------------------|---------------------------------------|-------------------------|------------------------|
| Suffe, Apt. #, etc.   City & State   City &   | Sullo, Apt. 4, etc.   Chip & State   A Fill Number 59-1776479   Not Applied For Not Ap   | 1005 E STRAWBRIDGE AVE 10 MELBOURNE FL 32901 N     |  |                                     | 1005 E STRAWBRIDGE AV<br>MELBOURNE FL 32901 | 1005 E STRAWBRIDGE AVE<br>MELBOURNE FL 32901 |                                     |                                | 40111 18818 (1111 6311 <b>2</b> 121   | ı 81811 aları bibli bis | ili <b>b</b> 1814 1889 |
| City & State  Country  Country  S. Certificate of Status Desired  See Regulard  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  The Address of New Registered Agent  The Address of New Registered Agent  The Address of New Registered Agent  Street Address (R.O. Box Number is Not Acceptable)  City  FL  Zip Code  City   | City & State  City & State  City & State  Country  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired See Required  6. Name and Address of Current Registered Agent  Name  BOHLMANN, LEE  BOHLMANN, LEE  BOHLMANN, LEE  City  City  FL  Zip Code  City  FL  Zip Code  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  STROIT REGISTRANS  SIGNATURE  STROIT REGISTRANS  SIGNATURE  STRIP AND PROCESS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 1d.  Addition  Make  GEODICKE, MARCÍA  SIREM AUGESS  STRIP AUGESS   | Principal Place of Business     3. Mailing Address |  |                                     |   |  |                                     |                                |                                       |                         |                        |
| The Above named antity submits this statement for the purpose of changing its registered Agent   S. Certificate of Status Desired   S. Regulator   See Regul    | State   Country   Zip   Country   S. Cartificate of Status Desired   Se. 75 Additional Section   Se. 75 Additional Section   | Suite, Apt.  | #, etc.  |                                     | Suite, Apt. #, etc.                         |  |                                     | CHECK HERE IF MAKING CHANGES   |                                       |                         |                        |
| Signature   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Regulational Fee Regulational Fee Regulational Fee Regulational Fee Regulational Fee Regulation   Statement of Statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   Statement for the purpose of changing its registered deems, or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   Signature, pool or printer name of registered agent agent and the accitable. (NOTE Required Agent signature registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   Signature, pool or printer name of registered agent agent and the accitable. (NOTE Required Agent signature registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   Signature, pool or printer name of registered agent a | See Address of Country  S. Certificate of Status Desired   \$8,75 Additional Fee Regulard   See R  | City & State                                       |  |                                     | City & State                                |  | 4. FEI Number <b>59-1776479</b> Apr |                                |                                       |                         |                        |
| BOHLMANN,**LEE* 1005 E STRAWBRIDGE AVE MELBOURNE FL 32901  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, specific priced name of registeria agent and this applicable.  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Centribution.  TITLE NAME  SIGNATURE  GEOCOCKE, MARCÍA  COFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME  STRET ANDRESS  GEOCOCKE, MARCÍA  STRET ANDRESS  GIT-ST-2P  TITUS/ILLE FL 32953  GIT-ST-2P  SIMON, HANK  STRET ANDRESS  GIT-ST-2P  SIMON, HANK  STRET ANDRESS  GIT-ST-2P  TITLE NAME  STRET ANDRESS  GIT-ST-2P  TITLE NAME  STRET ANDRESS  GIT-ST-2P  MERRATI ISLAND FL 32952  TITLE NAME  STRET ANDRESS  GIT-ST-2P  TITLE NAME  STRE | Signature   Sign   | Zip Country  |  |                                     | Zip   | Zip Country                                  |                                     | 5. Certificate of Sta          | tus Desired                           | \$8.75 Ad               | ditional               |
| BOHLMANN, LEE 1005 E STRAWBRIDGE AVE MELBOURNE FL 32901  City  City  FL  Zip Code  Florida. I am lamillar with, and accept agent, or both, in the State of Florida. I am lamillar with, and accept agent agent and this is agriculate.  PAGEODOKE, and city  FILE NOW: FEE IS S61.25  Delete  TITLE  Delete  TITLE  Sign  Addition  Sign  Sign  Addition  Sign  Addition  Sign  Addition  Sign  Addition  MAK  Sign  Sign  Addition  Sign  Addition  City  FL  City  FL  Zip Code  Florida. I am lamillar with, and accept agent.  City  FL  Addition  Addition  Addition  City  FL  City  FL  City  FL  Addition  A  | Name   Street Address (P.O. Box Number is Not Acceptable)  |  | 6 Nome   | and Address of Current              | Posistared Asset                            | ┸──┬   |                                     | 7 Name and Addre               | as of New Posister                    |                         | <u> </u>               |
| Street Address (P.O. Box Number is Not Acceptable)  | BOHLMANN, LEE 1005 E STRAWBRIDGE AVE MELBOURNE FL 32901  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Tull Fund Controlling  Synthin, spead or plinter rame of registered agent, or both, in the State of Florida. I am familier with, and accept the obtigations of registered agent, or both, in the State of Florida. I am familier with, and accept the obtigations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  P. Election Campaign Financing Trust Fund Controlling  Tr  |  | o. Name  | and Address of Current              | negistered Agent                            | <del></del>                                  | Namo                                | 7. Name and Addit              | ess or New Hegister                   | eu Agent                |                        |
| RELBOURNE FL 32901  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, higher or printed name of registered agent and talls it applicable. (NOTE: Registered Agent signature required when registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Comparison of registered agent.   Comparison of  | ## REBOURNE FL 32901  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  **FILE NOW: FEE IS \$61.25  **PILE NOW: F                |  |  |                                     |   |  |                                     |                                |                                       |                         |                        |
| 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and the if applicable.   (NOTE Registered Agent agrature realized when reinstitring)   DATE   | 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hypod or priced name of registered agent and this x applicable   (NOTE: Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature, hypod or priced name of registered agent ad this x applicable   (NOTE: Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept  |  |  |                                     |   |  |                                     |                                |                                       |                         |                        |
| SIGNATURE    Signature, hypod or primed name of registered agent and bife if applicable   (NOTE: Registered Agent signature regis  | THE NOW: FEE IS \$61.25  PELCENOW: FEE IS \$61.2 |  |  |                                     |   | City   |                                     |                                | FL Zip Cod                            | e                       |                        |
| FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. Cofficers AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IT ILE NAME Contribution.  TITLE NAME CONTRIBUTE FL 32953  CITY-ST-2IP  TITLE STC DAMABAR RD. STE #18  PALM BAY FL  TITLE STC DBRANDORSS CITY-ST-2IP  TITLE STC DBRANDORSS CITY-ST-2IP  TITLE STC CITY-ST-2IP  TITLE STC DBRANDORSS CITY-ST-2IP  TITLE STC CITY-ST-2IP  TITLE STC CITY-ST-2IP  TITLE NAME SIRRET ADDRESS CITY-ST-2IP | Signature, hypocolor printed name of legistered agent and othe if applicable.   NOTE: Registered Agent eignature required when reneating)   DATE   |  |  |                                     | r the purpose of changing it                | ts registered                                | d office or registe                 | ered agent, or both, in the    | ne State of Florida. I                | am familiar with,       | and accept             |
| FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   \$61.00 Peer Priorida Department of State    10.  | FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   Make Check Payable to Florida Department of State    10. 1 OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.    ITILE   OGEODCKE, MARCIA   NAME   N   | SIGNATURE  |  |                                     |   |  |                                     |                                |                                       |                         |                        |
| TITLE NAME ; STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI  | Trust Fund Contribution. Added to Fees Florida Department of State  10.  OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE DEBOTORY   |  | Signature, typed                                 | or printed name of registered agent | and title if applicable. (NO                | TE: Registered                               | Agent signature require             | ed when reinstating)           | DA                                    | TE                      |                        |
| TITLE NAME ; STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI  | Trust Fund Contribution. Added to Fees Florida Department of State  10.  OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE DEBOTORY   |  |  |                                     |   | <del></del>                                  |                                     |                                | · · · · · · · · · · · · · · · · · · · |                         |                        |
| TITLE NAME ; GEODCKE, MARCIA   Delete   NAME ; STREET ADDRESS   CITY-ST-ZIP   TITLE   D   Delete   TITLE   D   Change   Addition   Addition   Change   Change   Companies   CITY-ST-ZIP   CITY  | TITLE NAME ; GEODCKE, MARCÍA 2000 S WASHINGTON ST STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY   | FILE BLAY: FEE IS AD1.25                           |  |                                     |   |  |                                     | \$5.00 May Be<br>Added to Fees |                                       |                         |                        |
| TITLE NAME ; GEODCKE, MARCIA   Delete   NAME ; STREET ADDRESS   CITY-ST-ZIP   TITLE   D   Delete   TITLE   D   Change   Addition   Addition   Change   Change   Companies   CITY-ST-ZIP   CITY  | TITLE NAME ; GEODCKE, MARCÍA 2000 S WASHINGTON ST STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY   |  |  |                                     |   |  |                                     |                                |                                       |                         | (                      |
| NAME ; STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  BRANDOW; HEIDI  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  O Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  O Change  Addition  O Change  O Change  O Change  Addition  O Change   | NAME STREET ADDRESS CITY-ST-ZIP TITUS VILLE FL 32953 CITY-ST-ZIP TITUS NAME STREET ADDRESS CITY-ST-ZIP TITUS NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STC STREET ADDRESS CITY-ST-ZIP TITLE STC STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME   | 10.  |  | OFFICERS AND DIS                    | RECTORS                                     | 11.  |                                     | ADDITIONS/CHANGE               | S TO OFFICERS AND                     | DIRECTORS IN            | 110                    |
| STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32953  TITUE NAME SIMON, HANK STREET ADDRESS CITY-ST-ZIP TITLE STC BRANDOW; HEIDI TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRE  | STREET ADDRESS CITY-ST-ZIP TITUE D SIMON, HANK SINON, HANK SITEET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME   | TITLE  | D  |                                     | ☐ Delete                                    | TITLE  | J                                   |                                |                                       | Change                  | ☐ Addition             |
| TITLE NAME SIMON, HANK SIRET ADDRESS CITY-ST-ZIP Delete SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-  | TITUSVILLE FL 32953  TITUSVILLE FL 32952  TITUSVILLE FL 32952  TITUS FL 32952  TITUS FL 32952  TITUS FL 32953  TITUS FL 32952  TITUS FL 32952  TITUS FL 32952  TITUS FL 32953  TITUS FL 32952  TITUS FL 3295   | NAME :   | GEODCKE  | , Marcia                            |   | NAME   |                                     |                                |                                       |                         |                        |
| TITLE NAME SIMON, HANK STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD  | TITLE NAME SIMON, HANK STREET ADDRESS CITY-ST-ZIP TITLE STC STC BRANDOW; HEIDI NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM   | STREET ADDRESS                                     | 2000 S W/  | ashington St                        |   | STREET                                       | ADDRESS                             |                                |                                       |                         |                        |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE STC BRANDOW; HEIDI A00 FORTENBERRY RD CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-S  | NAME SIRECT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME   | CITY-ST-ZIP  | TITUSVILLI                                       | E FL 32953                          |   | CITY-S                                       | ST-ZIP                              |                                |                                       |                         | Į                      |
| NAME STREET ADDRESS CITY-ST-ZIP PALM BAY FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME S  | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM   | TITLE  | D  | 5.5                                 | ☐ Delete                                    | TITLE  |                                     |                                |                                       | ☐ Change                | Addition               |
| CITY-ST-ZIP  PALM BAY FL  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Change Addition Addition  | CITY-ST-ZIP    PALM BAY FL   | NAME   | SIMON, HA  | <b>VNK</b>                          |   | NAME   |                                     |                                |                                       |                         | _                      |
| STC BRANDOW; HEIDI  | TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE CHANGE CHANGE ADDRESS CITY-ST-ZIP CHANGE CHA   | STREET ADDRESS                                     | 1153 MAL   | ABAR RD. STE #18                    |   | STREET                                       | ADDRESS                             |                                |                                       |                         |                        |
| STC BRANDOW; HEIDI  | TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Delete NAME STREET ADDRESS CITY-ST-ZIP CHANGE CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE CHANG   | CITY-ST-ZIP  | PALM BAY   | FL                                  |   | CITY-S                                       | ST-ZIP                              |                                |                                       |                         |                        |
| NAME STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | BRANDOW; HEIDI STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM  |  |  | <u> </u>                            | □ Doloto                                    | TITLE  | - <del></del>                       |                                | ·                                     | ☐ Channe                | Addition               |
| STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM  |  | BRANDOW  | HEIDI                               | CJ Delete                                   |  | İ                                   |                                | <del></del>                           |                         |                        |
| CITY-ST-ZIP         MERRITT ISLAND FL 32952         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         CITY-ST-ZIP           TITLE         CITY-ST-ZIP  | CITY-ST-ZIP   MERRITT ISLAND FL 32952  | STREET ADDRESS                                     | 400 FORTI  | ENBERRY RD                          |   |  | ADDRESS                             |                                |                                       |                         |                        |
| TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           TITLE         NAME         NAME         NAME         CITY-ST-ZIP         CITY-ST-ZIP         Addition           STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Addition           TITLE         Delete         TITLE         CITY-ST-ZIP         Addition         Addition  | TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME   |  |  |                                     |   | CITY-S                                       | T-ZIP                               |                                |                                       |                         | }                      |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TI  | NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME  TITLE NAME NAME NAME NAME  |  |  |                                     | □ Delete                                    | TITLE  |                                     |                                |                                       | Change                  | Addition               |
| STREET ADDRESS   CITY-ST-ZIP  | STREET ADDRESS CITY-ST-ZIP  TITLE NAME  |  | <b> </b>   |                                     | Li Boloto                                   |  |                                     |                                |                                       |                         |                        |
| CITY-ST-ZIP         CITY-ST-ZIP           TITLE         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           TITLE         Change         Addition  | CITY-ST-ZIP         CITY-ST-ZIP           TITLE         TITLE         Change         Addition           NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP           CITY-ST-ZIP         TITLE         Change         Addition           NAME         NAME         NAME         Addition   |  | )  |                                     |   |  | ADDRESS                             |                                |                                       |                         |                        |
| NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE  | NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME   |  | [  |                                     |   | 1  |                                     |                                |                                       |                         | [                      |
| NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE  | NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME   | TITLE  | <del>                                     </del> | ··                                  | □ Delete                                    | TITLE  |                                     |                                |                                       | Chance                  | ☐ Addition             |
| STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE  | STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME   |  |  |                                     |   |  |                                     |                                |                                       | □ oumige                |                        |
| CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change Addition  | CITY-ST-ZIP         CITY-ST-ZIP           TITLE         TITLE           NAME         NAME  |  | ĺ  |                                     |   |  | ADDRESS                             |                                |                                       |                         |                        |
| TITLE Delete TITLE Change Addition  | TITLE         Delete         TITLE         Change         Addition           NAME         NAME   |  |  |                                     |   |  | •                                   |                                |                                       |                         | {                      |
| _ · _ · _ ·   | NAME NAME  |  |  | ·                                   |   |  |                                     |                                |                                       | Change                  | ☐ Addition             |
|   |  |  |  |                                     | LI Delete                                   |  |                                     |                                |                                       |                         | ☐ ¥@@@@                |
|   | officer nounced  |  |  |                                     |   |  | ADDRESS                             |                                |                                       |                         | 1                      |
| I I   | CITY-ST-ZIP 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 empoweled 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:** 

estable continued

MZE037 (10/0)