

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741921

1. Entity Name

Brevard Museum of Art and Science

Principal Place of Business

1463 Highland Ave.

Melbourne, Florida 32935

Mailing Address

P.O. Box 360835

Melbourne, Florida 32936

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

59-1804524

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

Name Ruth Suman

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

2426 Crystal Oaks Ln.

City W. Melbourne

FL

Zip Code 32904

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

Ruth Suman

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

(NOTE: Registered Agent signature required when reinstating)

8/25/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE P=President ☒ Change ☐ Addition
NAME Ruth Suman
STREET ADDRESS 2426 Crystal Oaks Ln.
CITY-ST-ZIP W. Melbourne, FL 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V=Vice President ☒ Change ☐ Addition
NAME Pam Fitzgerald
STREET ADDRESS 14 Windjammer Point
CITY-ST-ZIP Merritt Island, Florida 32952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
900003391209--9
-09/13/00--01041--006
*****70.00 *****70.00

TITLE T=Treasurer ☒ Change ☐ Addition
NAME Michael Cerow
STREET ADDRESS 224 Queens Ct.
CITY-ST-ZIP Satellite Beach, Florida 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S=Secretary ☒ Change ☐ Addition
NAME Linda Davis
STREET ADDRESS 412 5th Ave.
CITY-ST-ZIP Indialantic, Florida 32903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Past President ☒ Change ☐ Addition
NAME Jack Kirschenbaum
STREET ADDRESS One Fern Place
CITY-ST-ZIP Cocoa Beach, Florida 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Ruth Suman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

00 AUG 28 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)