

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741921

1. Entity Name

BREVARD MUSEUM OF ART AND SCIENCE, INC.

Principal Place of Business

1463 HIGHLAND AVE
MELBOURNE FL 32935

Mailing Address

P.O. BOX 360835
MELBOURNE FL 32936

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1804524

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUMAN, RUTH
2426 CRYSTAL OAKS LN.
W. MELBOURNE FL 32904

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	SUMAN, RUTH	
STREET ADDRESS	2426 CRYSTAL OAKS LN.	
CITY - ST - ZIP	W. MELBOURNE FL 32904	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FITZGERALD, PAM	
STREET ADDRESS	14 WINDJAMMER POINT	
CITY - ST - ZIP	MERRITT ISLAND FL 32952	
TITLE	TT	<input type="checkbox"/> Delete
NAME	CEROW, MICHAEL	
STREET ADDRESS	224 QUEENS CT.	
CITY - ST - ZIP	SATELLITE BEACH FL 32937	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVIS, LINDA	
STREET ADDRESS	412 5TH AVE.	
CITY - ST - ZIP	INDIALANTIC FL 32903	
TITLE	PPT	<input type="checkbox"/> Delete
NAME	KIRSCHENBAUM, JACK	
STREET ADDRESS	ONE FERN PLACE	
CITY - ST - ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

Date

321-242-0731

Daytime Phone #

CR2E037 (10/00)