

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90408 049 ****61.25

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 32938**

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

**FITZGERALD, PAM
14 WINDJAMMER POINT
MERRITT ISLAND FL 32952**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	FITZGERALD, PAM	
STREET ADDRESS	14 WINDJAMMER POINT	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	STARKEY, TODD	
STREET ADDRESS	100 RIALTO PLACE, SUITE 900	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	TT	<input type="checkbox"/> Delete
NAME	CEROW, MICHAEL	
STREET ADDRESS	224 QUEENS CT.	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	ST Second Vice President	<input type="checkbox"/> Delete
NAME	FLAMMIO-WATSON, LEASHA	
STREET ADDRESS	1029 LENNOX WAY	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	PPT Past President	<input type="checkbox"/> Delete
NAME	SUMAN, RUTH	
STREET ADDRESS	2426 CRYSTAL OAKS LN	
CITY-ST-ZIP	W MELBOURNE FL 32904	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Darcia Jones Francey	
STREET ADDRESS	P.O. Box 360843	
CITY-ST-ZIP	Melbourne, FL 32936-0843	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	First Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Kirschenbaum	
STREET ADDRESS	1800 W. Hibiscus Ave. #138	
CITY-ST-ZIP	Melbourne, FL 32902-1870	
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:

Michael R. Bernier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

Daytime Phone #

CR2E037 (10/02)