

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90056 005 ****61.25

DOCUMENT # 756117

1. Entity Name

THE CENTRAL BREVARD ROCK AND GEM CLUB INC.

Principal Place of Business

1624 SHORE DRIVE
MERRITT ISLAND FL 32952
US

Mailing Address

1250 ARLINGTON CIR
MERRITT ISLAND FL 32952-5405
US

80013896

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

TAYLOR, LYN
1250 ARLINGTON CIR
MERRITT ISLAND FL 32952

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

Lyn T Taylor

LYN T TAYLOR

1-31-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME NORTON, PETER
STREET ADDRESS 990 SARAZEN
CITY-ST-ZIP ROCKLEDGE FL 32955 ☒ Delete

TITLE T
NAME TAYLOR, LYN
STREET ADDRESS 1250 ARLINGTON CIR
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete

TITLE S
NAME HUNTINGTON, MICHELE
STREET ADDRESS 3601 SO. BANANA RIVER BLVD A-405
CITY-ST-ZIP COCOA BCH FL 32903-1 ☐ Delete

TITLE D
NAME HESS, RANDY
STREET ADDRESS 1300 PLUM AVE
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete

TITLE D
NAME RORVIK, ALLEN
STREET ADDRESS 3511 BLUE HERON CIRCLE
CITY-ST-ZIP TITUSVILLE FL 32796 ☒ Delete

TITLE FV
NAME DEWEY, BILLY
STREET ADDRESS 2175 HERON DR
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete

TITLE Pres
NAME Lou Nickolopoulos
STREET ADDRESS 1624 Shore Dr
CITY-ST-ZIP Merritt Island FL 32952 ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

TITLE Director
NAME Ngt Koenig
STREET ADDRESS 435 Heather Dr
CITY-ST-ZIP Rockledge FL 32955 ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lyn T Taylor

Taylor

1-31-00