

2000 UNIFORM BUSINESS REPORT (UBR)

8/8

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-08-2000 90020 011 ****70.00

DOCUMENT # 768558

1. Entity Name

BREVARD REGIONAL ARTS GROUPS, INC.



Principal Place of Business

Mailing Address

625 E. NEW HAVEN AVE.
 MELBOURNE FL 32901
 US

625 E. NEW HAVEN AVE.
 MELBOURNE FL 32901-5468
 US

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

59-2306612

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

7. Name and Address of New Registered Agent

PORSI, DAN
900 E STRAWBRIDGE AVE
MELBOURNE FL 32901

Name **Gerald S. Bress**
 Street Address (P.O. Box Number is Not Acceptable) **2833 Pembroke Rd**
 City **Melbourne** **FL** Zip Code **32935**

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

G. S. Bress

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 **TD** Delete
 NAME **DAVID, SHEIN**
 STREET ADDRESS **625 E. NEW HAVEN AVE**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **Treasurer TD** Change Addition
 NAME **Gary Hudson**
 STREET ADDRESS **659 W Eau Gallie**
 CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **VD** Delete
 NAME **POTTER, WILLIAM**
 STREET ADDRESS **700 SOUTH BABCOCK ST**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **President PD** Change Addition
 NAME **Wendy Brandon**
 STREET ADDRESS **1900 E New Haven Avenue**
 CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **PD** Delete
 NAME **PORSI, DAN**
 STREET ADDRESS **900 EAST STRAWBRIDGE**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **Secretary D** Change Addition
 NAME **Neal Johnson**
 STREET ADDRESS **808 Lee Avenue**
 CITY-ST-ZIP **Satellite Bch, FL 32937**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Wendy Brandon **WENDY BRANDON** **2/23/00** **984-1900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)