

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90149 023 ****61.25

DOCUMENT # N06680

1. Entity Name

**MARINE CORPS LEAGUE BREVARD COUNTY DETACHMENT, I
 NC.**

Principal Place of Business

**3403 MAZUR DRIVE
 MELBOURNE FL 32901-8240**

Mailing Address

**3403 MAZUR DRIVE
 MELBOURNE FL 32901-8240**

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

59-2572282

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

**CROFT, EARL G
 3403 MAZUR DR
 MELBOURNE FL 32901-8240**

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

EARL G. CROFT

Earl G. Croft

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 **D** ☐ Delete
 NAME **COLLINS, THE REV PERRY W**
 STREET ADDRESS **2255 PARADISE BLVD #21**
 CITY-ST-ZIP **INDIALANTIC FL**

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

TITLE **T** ☐ Delete
 NAME **CROFT, EARL G.**
 STREET ADDRESS **3403 MAZUR DRIVE**
 CITY-ST-ZIP **MELBOURNE FL**

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

TITLE **S** ☐ Delete
 NAME **BEVAN, MARY**
 STREET ADDRESS **2125 GOLD ISLE DR # 1423**
 CITY-ST-ZIP **MELBOURNE FL 32935**

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

TITLE **VP** ☐ Delete
 NAME **VAL DASTRI, JOESPA A**
 STREET ADDRESS **670 BIMINI ROAD**
 CITY-ST-ZIP **MELBOURNE FL 32935**

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

TITLE **D** ☐ Delete
 NAME **NASH, JACK**
 STREET ADDRESS **2751 ROUEN AVENUE**
 CITY-ST-ZIP **MELBOURNE FL**

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

TITLE **P** ☐ Delete
 NAME **HAMPTON, HERMAN T**
 STREET ADDRESS **2608 SADLER LANE**
 CITY-ST-ZIP **MELBOURNE FL 32935**

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:

SIGNATURE REQUIRED

Earl G. Croft

2/8/02

321 727-2956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)