

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90002 014 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N16181**  
 1. Entity Name  
**NORTH BREVARD SENIOR CENTER, INC.**

Principal Place of Business <b>909 LANE AVE. TITUSVILLE FL 32780</b>	Mailing Address <b>909 LANE AVE. TITUSVILLE FL 32780-3905</b>
---	--

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 <b>59-2699483</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**LAYTON, HARRY S.  
 1480 BARNA AVENUE  
 TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ (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	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MILLER, SHIRLEY</b>	
STREET ADDRESS	<b>4042 MT. VERNON AVE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32786</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LAWING, DEAN</b>	
STREET ADDRESS	<b>3545 BELL LARGO WAY</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, GORDON H.</b>	
STREET ADDRESS	<b>3645 BARNA AVE., #1F</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>JANSEN, VERN</b>	
STREET ADDRESS	<b>1511 BELL TERRACE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>DAUGHERTY, ESTELLA</b>	
STREET ADDRESS	<b>4330 LONGBON DR</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32796</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>YD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HALL, GEORGE</b>	
STREET ADDRESS	<b>6150 BARNA AVE</b>	
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>	
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 or without other like empowered.

SIGNATURE: **GORDON H. WILSON** *2/7/00* **321-268-2333**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)