2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee em

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FILED DOCUMENT # N98000006862 Mar 13, 2000 8:00 am 1. Entity Name **Secretary of State** BREVARD NATURE ALLIANCE, INC. 03-13-2000 90019 039 ****61.25 Mailing Address Principal Place of Business P.O. BOX 423 P.O. BOX 423 TITUSVILLE FL 32781-0423 TITUSVILLE FL 32781 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City, & State 4. FEI Number City & State 59-3558063 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KOLLER, ALBERT M JR 2645 ROYAL OAK DRIVE TITUSVILLE FL 32780 City Zip Code FL 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 超级 野铁 对环 温度 -3.5 CM4/ SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE □ Delete TITLE NAME NAME NEWKIRK, ROBERT STREET ADDRESS STREET ADDRESS 308 JULIA STREET CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME HIGHT, RON STREET ADDRESS STREET ADDRESS P.O. BOX 6504 CITY-ST-ZIP CITY-ST-7IP TITUSVILLE FL 32796 ☐ Addition Change Delete TITLE TITLE NAME NAME SPECHT, BILLY STREET ADDRESS STREET ADDRESS KSC VISITOR COMPLEX, MAIL CODE: DNPS CITY-ST-ZIP CITY-ST-7IP KSC FL 32899 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME DEFREESE, DUANE STREET ADDRESS STREET ADDRESS 933 WAIALAE CIR NE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32905 Change ☐ Addition TITI F ☐ Delete NAME HINKLE, ROSS NAME STREET ADDRESS STREET ADDRESS 6475 WINDOVER WAY CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32708 Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME KOLLER, ALBERT STREET ADDRESS STREET ADORESS 2645 ROYAL OAK DRIVE CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 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 syrue 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 employed to present this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

nsowered.