

2000 UNIFORM BUSINESS REPORT (UBR)

6/

DOCUMENT # P99000027512

1. Entity Name

UNIVEST PARTNERS OF BREVARD, INC.

Principal Place of Business

513 TURTLE CIR.
SATELLITE BCH FL 32937

Mailing Address

513 TURTLE CIR.
SATELLITE BCH FL 32937-3806

2. Principal Place of Business

3. Mailing Address

330 Fifth Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Indialantic, Fl 32903

Zip

Country

Zip

32903

Country

4. FEI Number

59-3239191

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

FRESE, GARY B
930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE FL 32901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OVERSTREET, DANIEL
513 TURTLE CIR.
SATELLITE BCH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OVERSTREET, DANIEL
330 FIFTH AVENUE
INDIALANTIC, FL 32903 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLAVIN, THOMAS P
3210 N. WICKHAM RD., SUITE 5
MELBOURNE FL 32935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Flavin, Thomas P.
330 Fifth Avenue
Indialantic, FL 32903 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

(321) 725-4700

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/00
Date

Daytime Phone #

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90148 029 ***400.00

06-22-2000 90105 027 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E.034 (1-1-93)