

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-14-2000 90002 044 ****61.25

80018707



DO NOT WRITE IN THIS SPACE

DOCUMENT # N36890

1. Entity Name

GREENBRIAR PLACE HOMEOWNERS ASSOCIATION OF BREVA

Principal Place of Business

Mailing Address

P.O. BOX 361214
 MELBOURNE FL 32936

P.O. BOX 361214
 MELBOURNE FL 32936-1214

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

59-2921552

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

PERSKE, BRIAN
2010 TREVINO CIRCLE
MELBOURNE FL 32935

Name

SCOTT MEANS

Street Address (P.O. Box Number is Not Acceptable)

1998 TREVINO CIRCLE

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

Scott K. Means

Scott K. Means Treasurer

Feb 7, 2000

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HAYNES, JACLYN	
STREET ADDRESS	2089 TREVINO CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, MICHAEL	
STREET ADDRESS	1909 TREVINO CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEANS, SCOTT K.	
STREET ADDRESS	1998 TREVINO CIR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ASHLEY, JENNIFER	
STREET ADDRESS	2041 TREVINO CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, CATHERINE	
STREET ADDRESS	2032 TREVINO CIR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOX, IRA L	
STREET ADDRESS	2096 TREVINO CIR.	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Ann Wolfe	
STREET ADDRESS	2040 TREVINO CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Wallick	
STREET ADDRESS	2017 TREVINO CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Wilkins	
STREET ADDRESS	1949 TREVINO CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, IRA L	
STREET ADDRESS	2098 TREVINO CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32935	

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:

Scott K. Means
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 7, 2000
 Date

321-259-8204
 Daytime Phone #

CR2E037 (9/99)