

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764409

1. Entity Name

GENEALOGICAL SOCIETY OF NORTH BREVARD, INC.

Principal Place of Business

6208 WINDOVER WAY
TITUSVILLE FL 32780

Mailing Address

6208 WINDOVER WAY
TITUSVILLE FL 32780-7410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2105546

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIECK, NANCY C.
6208 WINDOVER WAY
TITUSVILLE FL 32780

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

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 ☐ Delete
NAME HALL, JAMES J
STREET ADDRESS 4955 SHARLENE DR
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE PD ☐ Change ☐ Addition
NAME HILL, RANDALL J
STREET ADDRESS 1295 KILLEARN DR
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE S ☐ Delete
NAME STARR, BERNARD
STREET ADDRESS 5170 MELISSA DR
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE S ☐ Change ☐ Addition
NAME MARTHA NOFFEL
STREET ADDRESS 5630 BOBWHITE TRAIL
CITY-ST-ZIP MIMS, FL 32754

TITLE VD ☐ Delete
NAME LEITH, JOAN
STREET ADDRESS 4598 HELENA DR
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE VD ☐ Change ☐ Addition
NAME DOROTHY DORAN
STREET ADDRESS 2271 SARAZEN CT
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE TD ☐ Delete
NAME REED, MARY L
STREET ADDRESS 2130 ALEXANDER DR
CITY-ST-ZIP TITUSVILLE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Randall J Hill REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/2000

Date

Daytime Phone #

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90019 044 ****61.25



DO NOT WRITE IN THIS SPACE