

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759597

1. Entity Name

KEEP BREVARD BEAUTIFUL, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90011 012 ****61.25

Principal Place of Business
3101 SUNTREE BLVD
ROCKLEDGE FL 32955
US

Mailing Address
3101 SUNTREE BLVD
ROCKLEDGE FL 32955-5720
US

2. Principal Place of Business
40 FORTENBERRY ROAD
Suite, Apt. #, etc.

3. Mailing Address
40 FORTENBERRY ROAD
Suite, Apt. #, etc.

City & State
MERRITT ISLAND, FL

City & State
MERRITT ISLAND, FL

Zip
32952

Country
US

Zip
32952

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2154072

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ELLIS, STEVE
535 DELANNOY AVE
COCOA FL 32922

7. Name and Address of New Registered Agent
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 NAME STREET ADDRESS CITY-ST-ZIP	D VEACH, BILL L 3101 SUNTREE BLVD ROCKLEDGE FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, LARRY J. 40 FORTENBERRY ROAD MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMIRL, LAURIE 701 W COCOA BEACH CSWY COCOA BEACH FL 32938 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DINGESS, RICK 3303 LAKE DRIVE COCOA FL 32926 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PORTER, JOHN 226 N. ATLANTIC AVE. COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BECK, KATHY 1901 S. HARBOR CITY BLVD. MELBOURNE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELLIS, STEVE 535 DELANNOY AVE COCOA FL 32922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCMASTER, SHERRY 335 ARETMIS BLVD MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stephen A. Ellis 4/11/00 (321) 453-8767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)