

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**  
 04-02-2001 90295 049 \*\*\*150.00

0080774

**DOCUMENT # P00000039110**

1. Entity Name

**BREVARD REALTY, INC.**

Principal Place of Business

3663 N HARBOR CITY BLVD.  
 MELBOURNE FL 32935

Mailing Address

3663 N HARBOR CITY BLVD.  
 MELBOURNE FL 32935

040102

2. Principal Place of Business

3. Mailing Address

2664 PineApple AVE  
 Suite, Apt. #, etc.

2664 PineApple AVE  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne FL.

City & State

Melbourne FL.

4. FEI Number

59-3639631

Applied For

Not Applicable

Zip

32935

Country

USA

Zip

32935

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, DAVID R  
 519A N. HARBOR CITY BLVD  
 MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name: ROTROFF, FISHER & CO., P.A.  
 Street Address (P.O. Box Number is Not Acceptable):  
 2401 W. EAU GALIE BLVD. Suite 1

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

*[Signature]*

3/19/01

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, 2001 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

TITLE ☐ Delete

NAME: ~~President~~  
 STREET ADDRESS: ~~IRIS TASHBAR~~  
 CITY-ST-ZIP: ~~2664 PineApple AVE~~  
~~Melbourne FL 32935~~

TITLE ☐ Delete

NAME: ~~Director~~  
 STREET ADDRESS: ~~IRIS TASHBAR~~  
 CITY-ST-ZIP: ~~2664 PineApple AVE~~  
~~Melbourne FL 32935~~

TITLE ☐ Delete

NAME: ~~IRIS TASHBAR~~  
 STREET ADDRESS: ~~2664 PineApple AVE~~  
 CITY-ST-ZIP: ~~Melbourne FL 32935~~

TITLE ☐ Delete

NAME: Tim McWilliams  
 STREET ADDRESS: 443 St. George Ct.  
 CITY-ST-ZIP: Satellite Beach FL 32937

TITLE ☐ Delete

NAME: PIVP/SIT  
 STREET ADDRESS:   
 CITY-ST-ZIP: 32937

TITLE ☐ Delete

NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

NAME:   
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☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME:   
 STREET ADDRESS:   
 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 reports is true and accurate and that my signature shall have the same legal effect as if made under oath. I am the owner, president, or officer 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.

SIGNATURE:

*[Signature]*

3-12-01

Date

Daytime Phone #

CR2E034 (10/00)