

# 2002 UNIFORM BUSINESS REPORT (UBR)

3/20

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90048 046 \*\*\*\*61.25  
 05-16-2002 90053 008 \*\*\*\*8.75

**DOCUMENT # 756117**

1. Entity Name

**THE CENTRAL BREVARD ROCK AND GEM CLUB INC.**

Principal Place of Business

1624 SHORE DRIVE  
 MERRITT ISLAND FL 32952  
 US

Mailing Address

1250 ARLINGTON CIR  
 MERRITT ISLAND FL 32952  
 US

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

**NOT APPLICABLE**

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

**TAYLOR, LYN**  
**1250 ARLINGTON CIR**  
**MERRITT ISLAND FL 32952**

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

*Lyn Taylor*

*Lyn Taylor*

*3-6-02*

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          | P                                | <input checked="" type="checkbox"/> Delete |
| NAME           | NICKOLOPOULOS, LOU               |                                            |
| STREET ADDRESS | 1624 SHORE DR                    |                                            |
| CITY-ST-ZIP    | MERRITT ISLAND FL 32952          |                                            |
| TITLE          | T                                | <input type="checkbox"/> Delete            |
| NAME           | TAYLOR, LYN                      |                                            |
| STREET ADDRESS | 1250 ARLINGTON CIR               |                                            |
| CITY-ST-ZIP    | MERRITT ISLAND FL 32952          |                                            |
| TITLE          | S                                | <input type="checkbox"/> Delete            |
| NAME           | HUNTINGTON, MICHELE              |                                            |
| STREET ADDRESS | 3601 SO. BANANA RIVER BLVD A-405 |                                            |
| CITY-ST-ZIP    | COCOA BCH FL 32903-1             |                                            |
| TITLE          | D                                | <input checked="" type="checkbox"/> Delete |
| NAME           | HESS, RANDY                      |                                            |
| STREET ADDRESS | 1300 PLUM AVE                    |                                            |
| CITY-ST-ZIP    | MERRITT ISLAND FL 32952          |                                            |
| TITLE          | D                                | <input checked="" type="checkbox"/> Delete |
| NAME           | KOENIG, NAT                      |                                            |
| STREET ADDRESS | 435 HEATHROW DR                  |                                            |
| CITY-ST-ZIP    | ROCKLEDGE FL 32955               |                                            |
| TITLE          | <del>President</del>             | <input type="checkbox"/> Delete            |
| NAME           | DEWEY, BILLY                     |                                            |
| STREET ADDRESS | 2175 HERON DR                    |                                            |
| CITY-ST-ZIP    | MERRITT ISLAND FL 32952          |                                            |

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | 1st VP                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ned Scheerborn          |                                                                              |
| STREET ADDRESS | 505 Concord Ave         |                                                                              |
| CITY-ST-ZIP    | Titusville FL 32803     |                                                                              |
| TITLE          | 2nd VP                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Jack Keil               |                                                                              |
| STREET ADDRESS | 1250 Arlington Cir      |                                                                              |
| CITY-ST-ZIP    | Merritt Island FL 32952 |                                                                              |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | George Gikas            |                                                                              |
| STREET ADDRESS | 320 Grant Ave D6        |                                                                              |
| CITY-ST-ZIP    | Cape Canaveral FL 32920 |                                                                              |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ranny Parham            |                                                                              |
| STREET ADDRESS | 214 Cherie Down Lane    |                                                                              |
| CITY-ST-ZIP    | Cape Canaveral FL 32920 |                                                                              |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Loretta Pyles           |                                                                              |
| STREET ADDRESS | 355 Jacala Dr           |                                                                              |
| CITY-ST-ZIP    | Merritt Island FL 32952 |                                                                              |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Madeline Bayer          |                                                                              |
| STREET ADDRESS | 210 Tiki Dr             |                                                                              |
| CITY-ST-ZIP    | Merritt Island FL 32952 |                                                                              |

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:

*Lyn Taylor*

*3-6-02*

*321-452-2308*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)