

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 549618

1. Entity Name

THREE RIVERS REALTY OF BREVARD, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90327 022 \*\*\*150.00

Principal Place of Business

1114 SEMINOLE DR.  
INDIAN HARBOUR BEACH FL 32937

Mailing Address

1114 SEMINOLE DR.  
INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1794899

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORTNER, CARL W  
1114 SEMINOLE DR.  
INDIAN HARBOUR BEACH FL 32937

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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's signature required when re-electing)

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 VPST ☐ Delete  
NAME CORTNER, CARL W  
STREET ADDRESS 1114 SEMINOLE DR.  
CITY-STATE-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE VP ☐ Delete  
NAME CORTNER, ADA M  
STREET ADDRESS 1114 SEMINOLE DR.  
CITY-STATE-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE P ☐ Delete  
NAME MUELLER, JENS  
STREET ADDRESS 2629 WALNUT LANE  
CITY-STATE-ZIP PLANO TX 75075

TITLE VP ☐ Delete  
NAME MUELLER, CARLA J  
STREET ADDRESS 2629 WALNUT LANE  
CITY-STATE-ZIP PLANO TX 75075

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-STATE-ZIP

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

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 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 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:

*Jens Mueller*

-Jens Mueller

4-18-01

972-424-4811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)