

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 25, 2000 08:00 AM**
Secretary of State**DOCUMENT # 707570****1. Entity Name****THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF BREVARD COUNTY, FLORIDA, INC.****Principal Place of Business****Mailing Address**

2100 S. PARK AVE.

2100 S. PARK AVE.

TITUSVILLE
32780

FL

TITUSVILLE
32780

FL

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**59-6033511**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**KIZIU PETER W
2100 S. PARK AVE.TITUSVILLE FL
32780 US**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.)

02/25/2000

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	D	<input type="checkbox"/> Delete
NAME	SHAHEEN CINDY	
STREET ADDRESS	2175 VISTA TERR	
CITY-ST-ZIP	TITUSVILLE	FL

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAHEEN CINDY		
STREET ADDRESS	2175 VISTA TERR		
CITY-ST-ZIP	TITUSVILLE	FL	32780

TITLE	D	<input type="checkbox"/> Delete
NAME	DENSON DR. TODD	
STREET ADDRESS	2191 GARDEN STREET	
CITY-ST-ZIP	TITUSVILLE	FL

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DENSON DR. TODD		
STREET ADDRESS	2191 GARDEN STREET		
CITY-ST-ZIP	TITUSVILLE	FL	32796

TITLE	STD	<input type="checkbox"/> Delete
NAME	BOGGS ALAN	
STREET ADDRESS	905 CHENEY HIGHWAY	
CITY-ST-ZIP	TITUSVILLE	FL

TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOGGS ALAN		
STREET ADDRESS	3836 WETHERSFIELD CIRCLE		
CITY-ST-ZIP	TITUSVILLE	FL	32780

TITLE	D	<input type="checkbox"/> Delete
NAME	EISENMENGER GREG	
STREET ADDRESS	96 WILLARD ST	
CITY-ST-ZIP	COCOA	FL 32922

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EISENMENGER GREG		
STREET ADDRESS	8226 N. WICKHAM, SUITE 202		
CITY-ST-ZIP	MELBOURNE	FL	32940

TITLE	VD	<input type="checkbox"/> Delete
NAME	JORDAN ROBERT	
STREET ADDRESS	1750 LAKESIDE DR.	
CITY-ST-ZIP	TITUSVILLE	FL

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	PD	<input type="checkbox"/> Delete
NAME	FISHER, ROBIN	
STREET ADDRESS	1625 GARDEN ST.	
CITY-ST-ZIP	TITUSVILLE	FL

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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.