

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90064 027 \*\*\*\*61.25

**DOCUMENT # 709096**

1. Entity Name

**COMMUNITY SERVICES COUNCIL OF BREVARD COUNTY, IN**

Principal Place of Business

Mailing Address

1149 LAKE DRIVE  
 COCOA FL 32922

1149 LAKE DRIVE  
 COCOA FL 32922

**33384**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1110325**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HOSKINSON, WILLIAM T**  
**1149 LAKE DRIVE**  
**COCOA FL 32922**

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**  
**FEES 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	CD	<input type="checkbox"/> Delete
NAME	ALLENDER, JERRY W	
STREET ADDRESS	118 COUNTRY CLUB DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	PS	<input type="checkbox"/> Delete
NAME	HOSKINSON, WILLIAM T	
STREET ADDRESS	2231 ALEXANDER DRIVE	
CITY-ST-ZIP	TITUSVILLE, FLA 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KENNEDY, KERRY	
STREET ADDRESS	410 INDIAN RIVER AVE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAIN, MARY ALICE	
STREET ADDRESS	1009 ORANGE WOOD BLVD.	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOUSTON, KEVIN	
STREET ADDRESS	1242 DIXON BLVD	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROCK, DAVID	
STREET ADDRESS	1030 US 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

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

SIGNATURE:

*William T Hoskinson*  
 WILLIAM T Hoskinson, President

02/20/01 321-639-87

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #