

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0014796

DOCUMENT # 710093

1. Entity Name

ARC-BREVARD, INC.

04-10-2002 90703 001 ***245.00

Principal Place of Business

**1694 CEDAR STREET
 ROCKLEDGE FL 32955**

Mailing Address

**1694 CEDAR STREET
 ROCKLEDGE FL 32955**

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 **59-0905505**

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

**DRESSLER, JAMES R.
 110 DIXIE LANE
 COCOA BEACH FL 32931**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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: 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

TITLE **D** ☐ Delete
 NAME **NUTTING, CHARLES**
 STREET ADDRESS **719 E HIBISCUS BLVD**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ Delete
 NAME **YON, GLORIA**
 STREET ADDRESS **2539 CANTERBURY CIRCLE**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **DC** ☐ Delete
 NAME **RYAN, GERALD**
 STREET ADDRESS **1670 S FISKE BLVD**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **DT** ☐ Delete
 NAME **SWIFT, BARRY**
 STREET ADDRESS **201 BARTON BLVD**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **DS** ☐ Delete
 NAME **DROPESKI, CYNDI**
 STREET ADDRESS **680 W EAU GALLIE BLVD**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **D** ☐ Delete
 NAME **REARDON, FARIEDA**
 STREET ADDRESS **2515 RAINTREE LAKE CIRCLE**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 reports 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, without other like empowered. **Chairman of Board**

SIGNATURE

President/CEO

4/3/02

321-690-3464

CR2E037 (9/01)