2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 710274** Apr 14, 2000 8:00 am Secretary of State 1. Entity Name BREVARD SYMPHONY ORCHESTRA, INC. 04-14-2000 90079 023 ****70.00 Principal Place of Business Mailing Address 1500 HIGHLAND AVENUE 1500 HIGHLAND AVENUE PO BOX 361965 PO BOX 361965 MELBOURNE FL 32936-1965 MELBOURNE FL 32936-1965 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State _ City & State 4. FEI Number 59-1149727 Not Applicable Zìo Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ALLENDER, JERRY 545 ORA DELL AVE TITUSVILLE FL 32796 City Zip Code ibinits this ≰tatement for the purpose of changing its registered office or registered agent, or both, in the state of Florida The above named entity Allender 2000 SIGNATURE. Jerry Signature, typed (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 17 18 19 Dente 20 1 OFFICERS AND DIRECTORS 11. (66/6) D ☐ Delete TITLE ☐ Change ☐ Addition TITLE BEAGLEY, RICAHRD NAME NAME STREET ADDRESS STREET ADDRESS 3540 PALM LAKE DR CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL ☐ Addition TITLE CD ☐ Delete TITLE ☐ Change NAME ALLENDER, JERRY NAME STREET ADDRESS STREET ADDRESS 545 ORA DELL AVE CITY-ST-7IP CITY-ST-ZIP TITUSVILLE FL 32796 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOLITOR, JUDY NAME STREET ADDRESS STREET ADDRESS 1171 INDIAN RIVER DR CITY-ST-ZIP CITY-ST-ZIP COCOA FL Change TITLE SD Delete TITLE Addition SD MARQUETTE, PEGGIE NAME Sherrie Dugan STREET ADDRESS STREET ADDRESS 2800 S DORESEY PLACE 3250 Concours Melbourne, FL CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete TITLE ☐ Change ☐ Addition TITLE HEDDENS, JAMES NAME STREET ADDRESS STREET ADDRESS 4547 HELENA DR CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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 rempowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry Allender April

April 7, 2000 321-269-151