

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/15

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90030 038 \*\*\*\*61.25

**DOCUMENT # 713493**

1. Entity Name  
**JUNIOR LEAGUE OF CENTRAL & NORTH BREVARD, INC.**

Principal Place of Business 442 MAGNOLIA AVE. APT. 25 MERRITT ISLAND FL 32952	Mailing Address P.O. BOX 538 COCOA FL 32923-0538
----------------------------------------------------------------------------------------	--------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-------------------------------------------------------	-------------------------------------------

City & State	City & State	4. FEI Number <b>23-7117325</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent  
**KALAKAY, DAWN M CPA**  
**832-A ANGELA AVE**  
**ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	TD KNAPPMAN, TANYA 975 OAK ST MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARNOLD, TERRI 515 HARWOOD AVE SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEASURE, AMY 4 COUNTRY CLUB RD COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD BACHAND, RACHEL 2919 INDIAN RIVER DR COCOA FL 32422	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIRK, ANN 1095 CARRIGAN BLVD MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDA MOLICA 2230 COCONUT LANE MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VICKI BAUGHAN 409 ROCKLEDGE DRIVE ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAWN KALAKAY 832-A ANGELA AV ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kymm IVEY 3090 WATER OAK DR MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUSAN ENLOW 3150 SOUTH TROPICAL TRAIL MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dawn Kalakay* **DAWN KALAKAY** 321-636-0126  
 Date: **4-1-2000** Daytime Phone #

CRE037 (9/99)