

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714075

1. Entity Name

BREVARD ACHIEVEMENT CENTER, INC.

Principal Place of Business

1845 COGSWELL STREET
ROCKLEDGE FL 32955

Mailing Address

1845 COGSWELL STREET
ROCKLEDGE FL 32955-3210

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

59-1203280

Applied For

Not Applicable

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

ROGERS, RYAN R
1845 COGSWELL ST
ROCKLEDGE FL 32955

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:
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 PCD ☐ Delete
NAME EBELINK, SHIRLEY A.
STREET ADDRESS 1720 HIDDEN LAKE RD.
CITY-ST-ZIP ROCKLEDGE FL 32955

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

TITLE 2VCD ☐ Delete
NAME PAYNE, DIANE E
STREET ADDRESS 321 DORSET DRIVE
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE 1VCD ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME EVETTS, SHARI
STREET ADDRESS 8226 N. WICKHAM ROAD
CITY-ST-ZIP VIERA FL 32940

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

TITLE D ☒ Delete
NAME RHAME, E HARRISON
STREET ADDRESS 3275 PINEDA AVE.
CITY-ST-ZIP N MELBOURNE FL

TITLE TD ☐ Change ☒ Addition
NAME BOATMAN, ROGER
STREET ADDRESS 1855 SHEPHERD DR.
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE TD ☐ Delete
NAME DAVIES, DAN
STREET ADDRESS PO BOX 129
CITY-ST-ZIP COCOA FL 32422

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

TITLE 1VCD ☐ Delete
NAME THRON, ROSE
STREET ADDRESS 1360 SATAU RD, SUITE D
CITY-ST-ZIP MELBOURNE FL 32935

TITLE CD ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)