

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 714075**

1. Entity Name

BREVARD ACHIEVEMENT CENTER, INC.**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90042 015 *****70.00

Principal Place of Business

**1845 COGSWELL STREET
ROCKLEDGE FL 32955**

Mailing Address

**1845 COGSWELL STREET
ROCKLEDGE FL 32955****701936**

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

59-1203280

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

**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

01/02/01**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 **D** ☐ Delete
NAME **EBELINK, SHIRLEY A.**
STREET ADDRESS **1720 HIDDEN LAKE RD.**
CITY-ST-ZIP **ROCKLEDGE FL 32955**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **1VCD** ☐ Delete
NAME **PAYNE, DIANE E**
STREET ADDRESS **321 DORSET DRIVE**
CITY-ST-ZIP **COCOA BEACH FL 32931**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **EVETTS, SHARI**
STREET ADDRESS **8226 N. WICKHAM ROAD**
CITY-ST-ZIP **VIERA FL 32940**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **BOATMAN, ROGER**
STREET ADDRESS **1855 SHEPHERD DR**
CITY-ST-ZIP **TITUSVILLE FL 32780**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DAVIES, DAN**
STREET ADDRESS **PO BOX 129**
CITY-ST-ZIP **COCOA FL 32422**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CD** ☐ Delete
NAME **THRON, ROSE**
STREET ADDRESS **1360 SATAU RD, SUITE D**
CITY-ST-ZIP **MELBOURNE FL 32935**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 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 (10/00)