

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**  
 03-29-2001 91015 035 \*\*\*\*61.25

**DOCUMENT # 717131**

1. Entity Name

**THE BREVARD MUSEUM, INC.**

Principal Place of Business

Mailing Address

2201 MICHIGAN AVE  
 C/O ANN L LAWTON  
 COCOA FL 32926  
 US

2201 MICHIGAN AVE  
 C/O ANN L LAWTON  
 COCOA FL 32926  
 US

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

23-7112336

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

LAWTON, ANN L.  
 2201 MICHIGAN AVE.  
 COCOA FL 32926

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 ANN L. LAWTON  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/01

**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 ☐ Delete  
 NAME S  
 STREET ADDRESS MOEHLE, DOTTIE  
 CITY-ST-ZIP 2704 INDIAN RIVER DRIVE  
 ROCKLEDGE FL 32955

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS KUNS, MERLE L DR.  
 CITY-ST-ZIP 3605 S. BANANA RIVER BLVD., #301  
 COCOA BEACH FL 32931

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

TITLE ☒ Delete  
 NAME D  
 STREET ADDRESS ROE, GEORGE W  
 CITY-ST-ZIP 995 KINGS POST ROAD  
 ROCKLEDGE FL 32955

TITLE ☐ Change ☒ Addition  
 NAME KENNETH CROOKS  
 STREET ADDRESS T380 MURRELL ROAD S-100  
 CITY-ST-ZIP MELBOURNE, FL. 32940

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS RADLOFF, CHARLES  
 CITY-ST-ZIP 1217 THREE MEADOWS DRIVE  
 ROCKLEDGE FL 32955

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

TITLE ☐ Delete  
 NAME M  
 STREET ADDRESS LAWTON, ANN L  
 CITY-ST-ZIP 14 WILLOW GREEN DRIVE  
 COCOA BEACH FL 32931

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

TITLE ☐ Delete  
 NAME V  
 STREET ADDRESS TUCCARONE, JENNIFER  
 CITY-ST-ZIP 2403 WEST FRIDAY ROAD  
 COCOA FL

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 REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01 321/632-1830  
 Date Daytime Phone #

CR2E037 (10/00)