

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90409 034 \*\*\*\*61.25

0028433

**DOCUMENT # 719142**

1. Entity Name

**THE DEBUTANTE SOCIETY OF CENTRAL BREVARD, INC.**

Principal Place of Business

C/O MRS MARY ANN L. KELLY  
 3711 WARWICK DR  
 COCOA FL 32926

Mailing Address

C/O MRS MARY ANN L. KELLY  
 3711 WARWICK DR  
 COCOA FL 32926

LU0000417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**41-1123321**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

KELLY, MARY ANN L.  
 3711 WARWICK DR.  
 COCOA FL 32926

7. Name and Address of New Registered Agent

Name **SHARON F. MOORE**

Street Address (P.O. Box Number is Not Acceptable)

**2125 S. TROPICAL TRAIL**

City **MERRITT ISLAND**

**FL**

Zip Code **32952**

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 Sharon F. Moore **SHARON F. MOORE / TREASURER**

**3/8/01**

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

TITLE **D** ☐ Delete  
 NAME **NEWBERN, MARGE**  
 STREET ADDRESS **1789 ROCKLEDGE DR**  
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **D** ☐ Delete  
 NAME **BRODNAN, SUSAN**  
 STREET ADDRESS **1531 N INDIAN RIVER DR**  
 CITY-ST-ZIP **COCOA FL 32922**

TITLE **D** ☐ Delete  
 NAME **DAVIS, REBEKAH C**  
 STREET ADDRESS **605 HERON DR**  
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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:

Sharon F. Moore

**3/8/01**

**321-453-8224**

CR2E037 (10/00)