

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719142

1. Entity Name

THE DEBUTANTE SOCIETY OF CENTRAL BREVARD, INC.

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90044 021 ****61.25

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

90 Mrs. Sharon Moore

3. Mailing Address

90 MRS. SHARON MOORE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2125 SOUTH TROPICAL TRAIL

2125 SOUTH TROPICAL TRAIL

City & State

MERRITT ISLAND FLA.

City & State

MERRITT ISLAND FLA.

Zip

Country

32952 USA

Zip

Country

32952 USA

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

7. Name and Address of New Registered Agent

MOORE, SHARON F
2125 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 2/25/02 321-453-8224

CR2E037 (9/01)