

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 08:00 AM
Secretary of State

DOCUMENT # 720643

1. Entity Name

SOUTH BREVARD FLOTILLA 42, INC.

Principal Place of Business

327 ARCADIA CT

MELBOURNE
32901

FL

Mailing Address

327 ARCADIA CT

MELBOURNE
32901

FL

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

59-1966942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, SALVADOR F

327 ARCADIA CT

MELBOURNE
32901

FL

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.)

01/25/2000

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 D ☐ Delete
NAME FREITAS DANIEL REV
STREET ADDRESS 4905 BUTTONWOOD DRIVE
CITY-ST-ZIP MELBOURNE FL

TITLE D ☒ Change ☐ Addition
NAME FREITAS DANIEL REV
STREET ADDRESS 4905 BUTTONWOOD DRIVE
CITY-ST-ZIP MELBOURNE FL 32940

TITLE VD ☐ Delete
NAME KUEHNE JOHN HJR
STREET ADDRESS 340 CYPRESS POINT DRIVE
CITY-ST-ZIP MELBOURNE FL

TITLE PD ☒ Change ☐ Addition
NAME KUEHNE JOHN HJR
STREET ADDRESS 340 CYPRESS POINT DRIVE
CITY-ST-ZIP MELBOURNE FL 32940

TITLE STM ☐ Delete
NAME MARTINEZ, SALVADOR F.
STREET ADDRESS 327 ARCADIA CT.
CITY-ST-ZIP MELBOURNE FL

TITLE STM ☒ Change ☐ Addition
NAME MARTINEZ SALVADOR F
STREET ADDRESS 327 ARCADIA CT.
CITY-ST-ZIP MELBOURNE FL 32901

TITLE D ☐ Delete
NAME PETERSON PETER C
STREET ADDRESS 401 THIRD AVENUE
CITY-ST-ZIP MELBOURNE BEACH FL

TITLE D ☒ Change ☐ Addition
NAME PETERSON PETER C
STREET ADDRESS 401 THIRD AVENUE
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE PD ☐ Delete
NAME NESBITT DAVID A.
STREET ADDRESS 7983 BRADWICK WAY
CITY-ST-ZIP MELBOURNE FL

TITLE VD ☒ Change ☐ Addition
NAME GOODWIN MARK D
STREET ADDRESS 4325 LAKEMONT ROAD
CITY-ST-ZIP MELBOURNE FL 32934

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.