

DOCUMENT # 723286

1. Entity Name

THE SOCIETY OF FORTY MEN AND EIGHT HORSES BREVAR

Principal Place of Business

Mailing Address

241 PEACHTREE STREET
COCOA FL 32922
US

315 NORWOOD STREET
MERRITT ISLAND FL 32953-4764
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country


Zip

Country

FILED

00 FEB 28 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLAVEN, JR. CHARLES E.
315 NORWOOD STREET
MERRITT ISLAND FL 32953

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
<div><div>TITLE</div><div>SD</div><div><input type="checkbox"/> Delete</div></div> <div><div>NAME</div><div>MCDONALD, JOHN G.</div></div> <div><div>STREET ADDRESS</div><div>2975 THRUSH DRIVE #226</div></div> <div><div>CITY-ST-ZIP</div><div>MELBOURNE FL</div></div>	<div><div><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div><div><div>NAME</div><div>MCDONALD, JOHN G</div></div><div><div>STREET ADDRESS</div><div>3210 N HARPOY CITY BLVD #213</div></div><div><div>CITY-ST-ZIP</div><div>MELBOURNE FL 32935</div></div></div>
<div><div>TITLE</div><div>TD</div><div><input type="checkbox"/> Delete</div></div> <div><div>NAME</div><div>SLAVEN, CHARLES, E, JR</div></div> <div><div>STREET ADDRESS</div><div>315 NORWOOD ST</div></div> <div><div>CITY-ST-ZIP</div><div>MERRITT ISLAND FL</div></div>	<div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div><div><div>NAME</div><div>LS</div></div></div>
<div><div>TITLE</div><div>D</div><div><input checked="" type="checkbox"/> Delete</div></div> <div><div>NAME</div><div>WALKER, JOHN W</div></div> <div><div>STREET ADDRESS</div><div>3990 AIRLIFT ST</div></div> <div><div>CITY-ST-ZIP</div><div>PORT ST JOHNS FL 32927</div></div>	<div><div><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div><div><div>NAME</div><div>RICH DAVIS</div></div><div><div>STREET ADDRESS</div><div>1760 Goldfinch Cr.</div></div><div><div>CITY-ST-ZIP</div><div>Melbourne FL 32935</div></div></div>
<div><div>TITLE</div><div></div><div><input type="checkbox"/> Delete</div></div> <div><div>NAME</div><div></div></div> <div><div>STREET ADDRESS</div><div></div></div> <div><div>CITY-ST-ZIP</div><div></div></div>	<div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div><div><div>NAME</div><div></div></div><div><div>STREET ADDRESS</div><div></div></div><div><div>CITY-ST-ZIP</div><div></div></div></div>
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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



2/20/2000

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/99)