

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725982

1. Entity Name

PORT CANAVERAL-BREVARD COUNTY SOLILLAGE CLEANUP

Principal Place of Business

Mailing Address

9020 POMPANO ST
CAPE CANAVERAL FL 32920

P. O. BOX 25
CAPE CANAVERAL FL 32920-0025
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200 Glenn Cheek Dr

City & State

Cape Canaveral, FL 32920

Zip

Country

32920

Zip

Country

4. FEI Number

23-7183178

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

SIMON, JERRY M.
200 GEORGE KING BLVD.
CAPE CANAVERAL FL 32920

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
SIMON, J.M.
200 GEORGE KING BLVD
PT CANAVERAL, FL 00000 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
KOIU, M.
605 TOWNSEND RD
COCOA FL 32926 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ALDEN, GEORGE
960 Mullet Rd
Cape Canaveral, FL 32920 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
JACOBSEN, JOE
9035 FLOUNDER ST
CAPE CANAVERAL FL 32920 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MARSHALL, CHRIS
PO Box 790, Melbourne FL 32902 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry Simon, Secretary/Treasurer (321) 763-7832
Date 5-1-00 Daytime Phone #

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90019 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)