

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725982

1. Entity Name

PORT CANAVERAL-BREVARD COUNTY SOLILLAGE CLEANUP

Principal Place of Business

9020 POMPANO ST
CAPE CANAVERAL FL 32920

Mailing Address

P. O. BOX 25
CAPE CANAVERAL FL 32920
US

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

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 JERRY M. SIMON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-5-01

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

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

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

TITLE VD
NAME HOPE, GEORGE
STREET ADDRESS 960 MULLET RD.
CITY-ST-ZIP CAPE CANAVERAL, FL 32920 ☒ Change ☐ Addition

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

TITLE CD
NAME MARSHAL, CHRIS
STREET ADDRESS 3109 S. MAIN ST.
CITY-ST-ZIP MELBOURNE, FL 32901 ☒ 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
NAME
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:

JERRY M. SIMON

5-4-01 321-783-7831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)