

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729174

1. Entity Name

BREVARD COUNTY MANUFACTURERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 542403
MERRITT ISLAND FL 32954-2403

P.O. BOX 542403
MERRITT ISLAND FL 32954-2403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2210190

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

PETERS, JEFF
970 PELICAN LANE
ROCKLEDGE FL 32955

Name

Peters, Jeff

Street Address (P.O. Box Number is Not Acceptable)

4307 Woodhall Circle

City

Viera

FL

Zip Code

32955

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] John Jeffrey Peters

20 January 2000

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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	PETERS, JEFF	
STREET ADDRESS	970 PELICAN LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	POWELL, BART	
STREET ADDRESS	1090 INVERNESS AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PINNICK, ROBERT	
STREET ADDRESS	570 PARK AVENUE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	CED	<input checked="" type="checkbox"/> Delete
NAME	MCGEARY, STEVE	
STREET ADDRESS	1136 GRANADA COURT	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	WELLEN, BOB	
STREET ADDRESS	7901 ELLIS RD.	
CITY-ST-ZIP	W. MELBOURNE FL 32904-1056	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	WALKER, JACK	
STREET ADDRESS	4400 STILLWATERS DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Powell, Bart	
STREET ADDRESS	1090 INVERNESS AVENUE	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peters, Jeff	
STREET ADDRESS	4307 Woodhall Circle	
CITY-ST-ZIP	Viera, FL 32955	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pinnick, Robert	
STREET ADDRESS	570 Park Avenue	
CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Cossey	
STREET ADDRESS	343 North Tropical Trail, #302	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature] John Jeffrey Peters Post-Chairman/Director

Date

Daytime Phone #

20 January 2000
321-951-6588

CR2E037 (9/99)