

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90035 037 \*\*\*\*61.25

**DOCUMENT # 729174**

1. Entity Name

**BREVARD COUNTY MANUFACTURERS ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

*4451 Enterprise Court*

Suite, Apt. #, etc.

*Suite T*

City & State

*Melbourne, FL*

Zip

*32934*

Country

*USA*

3. Mailing Address

*4451 Enterprise Court*

Suite, Apt. #, etc.

*Suite T*

City & State

*Melbourne, FL*

Zip

*32934*

Country

*USA*



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

**PETERS, JEFF**  
**4307 WOODHALL CIRCLE**  
**VIERA FL 32955**

7. Name and Address of New Registered Agent

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

TITLE NAME ☐ Delete  
**PCD**  
**PETERS, JEFF**  
STREET ADDRESS  
**4307 WOODHALL CIRCLE**  
CITY-ST-ZIP  
**VIERA FL 32955**

TITLE NAME ☐ Delete  
**CD**  
**POWELL, BART**  
STREET ADDRESS  
**1090 INVERNESS AVE**  
CITY-ST-ZIP  
**MELBOURNE FL 32940**

TITLE NAME ☐ Delete  
**TD**  
**PINNICK, ROBERT**  
STREET ADDRESS  
**510 PARK AVENUE**  
CITY-ST-ZIP  
**SATELLITE BEACH FL 32937**

TITLE NAME ☐ Delete  
**CD**  
**CASSEY, SUSAN**  
STREET ADDRESS  
**343 NORTH TROPICAL TRAIL 302**  
CITY-ST-ZIP  
**MERRITT ISLAND FL 32937**

TITLE NAME ☐ Delete  
**CD**  
**HOWARD BECKER**  
STREET ADDRESS  
**4203 SPARROW HAWK RD**  
CITY-ST-ZIP  
**MELBOURNE, FL 32934**

TITLE NAME ☐ Delete  
**CD**  
**HOWARD BECKER**  
STREET ADDRESS  
**4203 SPARROW HAWK RD**  
CITY-ST-ZIP  
**MELBOURNE, FL 32934**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition

**CD**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition  
**PCD**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☒ Change ☐ Addition  
**VCD**  
**Cossey, Susan**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition  
**CD**  
**Howard Becker**  
STREET ADDRESS  
**4203 SPARROW HAWK RD**  
CITY-ST-ZIP  
**MELBOURNE, FL 32934**

TITLE NAME ☐ Change ☐ Addition  
**CD**  
**Howard Becker**  
STREET ADDRESS  
**4203 SPARROW HAWK RD**  
CITY-ST-ZIP  
**MELBOURNE, FL 32934**

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:

*Jeff Peters, Chairman-Elect 1/17/01 321-632-1174*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)