

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

31

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

**DOCUMENT # 729174**

1. Entity Name  
**BREVARD COUNTY MANUFACTURERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

*4451 Enterprise Court*      *4451 Enterprise Court*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

*Suite T*      *Suite T*

City & State      City & State

*Melbourne, FL*      *Melbourne, FL*

Zip      Country      Zip      Country

*32934*      *USA*      *32934*      *USA*

4. FEI Number      Applied For

**59-2210190**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

    

6. Name and Address of Current Registered Agent

Name

**PETERS, JEFF**

**4307 WOODHALL CIRCLE**

**VIERA FL 32955**

City      State      Zip Code

**FL**

7. Name and Address of New Registered Agent

Name

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

City      State      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]*      *Jeff Peters*      *1/17/01*

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	PCD PETERS, JEFF	<input type="checkbox"/> Delete
STREET ADDRESS	4307 WOODHALL CIRCLE	
CITY-ST-ZIP	VIERA FL 32955	
TITLE NAME	CD POWELL, BART	<input type="checkbox"/> Delete
STREET ADDRESS	1090 INVERNESS AVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE NAME	TD PINNICK, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	510 PARK AVENUE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE NAME	CD CASSEY, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS	343 NORTH TROPICAL TRAIL 302	
CITY-ST-ZIP	MERRITT ISLAND FL 32937	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VCD Cossey, Susan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	CD Howard Becker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4203 SPARROW HAWK RD	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*      *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)