

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90068 006 ****61.25

DOCUMENT # 729174

1. Entity Name
BREVARD MANUFACTURING & TECHNOLOGY ASSOCIATION, INC.



Principal Place of Business
**751 NORTH DRIVE
MELBOURNE FL 32934-9289**

Mailing Address
**751 NORTH DRIVE
MELBOURNE FL 32934-9289**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2210190**

Applied For
Not Applicable

Zip Country Zip Country

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, JOHN J
4307 WOODHALL CIRCLE
VIERA FL 32955**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CPT	<input type="checkbox"/> Delete
NAME	PETERS, JEFF	
STREET ADDRESS	751 NORTH DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32934-9289	
TITLE	CPET	<input type="checkbox"/> Delete
NAME	LAIBL, JIM	
STREET ADDRESS	751 NORTH DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32934-9289	
TITLE	PCPT	<input checked="" type="checkbox"/> Delete
NAME	BECKER, HOWARD	
STREET ADDRESS	751 NORTH DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32934-9289	
TITLE	VCPT	<input type="checkbox"/> Delete
NAME	CASSEY, SUSAN	
STREET ADDRESS	751 NORTH DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32934-9289	
TITLE	T	<input type="checkbox"/> Delete
NAME	PINNICK, ROBERT	
STREET ADDRESS	751 NORTH DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32934-9289	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PCPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN DEBUSK	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CPET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARLANE GEIGER	
STREET ADDRESS	751 NORTH DRIVE	
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: Charlotte H. Beaubien TREASURER 2-503 321-727-2353

CP2E037 (10/02)