

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 08:00 AM
Secretary of State

DOCUMENT # 732258

1. Entity Name
BIG BROTHERS & BIG SISTERS OF BREVARD COUNTY, INC.

Principal Place of Business 1570 N. HARBOR CITY BLVD. MELBOURNE 32935	FL	Mailing Address 1570 N. HARBOR CITY BLVD. MELBOURNE 32935	FL
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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
59-6555007

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DALE ROB
1361 BEDFORD DR

MELBOURNE FL
32940

7. Name and Address of New Registered Agent

Name
WALTERS ROBERT

Street Address (P.O. Box Number is Not Acceptable)
3720 BRENNAN CIRCLE

City **FL** Zip Code
MELBOURNE 32934

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 **ROBERT WALTERS** **02/01/2001**
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	PD	<input type="checkbox"/> Delete
NAME	DALE ROB	
STREET ADDRESS	1361 BEDFORD DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALTERS BOB	
STREET ADDRESS	3720 BRENNAN DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MURTHA KEVIN	
STREET ADDRESS	4049 MALLARD DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THOMAS MELINDA	
STREET ADDRESS	310 MYAKKA ST NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS ROBERT	
STREET ADDRESS	3227 BRENNAN DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE CHRISTY	
STREET ADDRESS	275 SHERWOOD AVENUE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXLEY HAL	
STREET ADDRESS	641 N. SORONA CIRCLE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORPY WAYNE	
STREET ADDRESS	1337 PINEAPPLE AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32935	
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)(f), 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: **CHRISTY LEE** **SD** **02/01/2001**

CR2E037 (11/00)