

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 732258

FILED
Apr 08, 2002 8:00 AM
Secretary of State

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

Current Principal Place of Business:

1570 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935 US

New Principal Place of Business:

2454 MINTON ROAD
W. MELBOURNE, FL 32904 US

Current Mailing Address:

1570 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935 US

New Mailing Address:

2454 MINTON ROAD
W. MELBOURNE, FL 32904 US

FEI Number: 59-6555007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTERS, ROBERT
3720 BRENNAN CIRCLE
MELBOURNE, FL 32934

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: TORPY, WAYNE
Address: 1337 PINEAPPLE AVENUE
City-St-Zip: MELBOURNE, FL 32935

Title: TD () Delete
Name: BAXLEY, HAL
Address: 641 N. SORONA CIRCLE
City-St-Zip: INDIALANTIC, FL 32903

Title: SD () Delete
Name: LEE, CHRISTY
Address: 275 SHERWOOD AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: PD () Delete
Name: WALTERS, ROBERT
Address: 3227 BRENNAN DRIVE
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: TORPY, WAYNE
Address: 1337 PINEAPPLE AVENUE
City-St-Zip: MELBOURNE, FL 32935 US

Title: TD (X) Change () Addition
Name: NEWMAN, CORKEY
Address: 1603 SEABURY PL, NW
City-St-Zip: PALM BAY, FL 32907 US

Title: SD (X) Change () Addition
Name: KUENZLI, JEFF
Address: 201 PLANTATION CLUB, #1308
City-St-Zip: MELBOURNE, FL 32940 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WALTERS

PD

04/08/2002

Electronic Signature of Signing Officer or Director

Date