

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733254

1. Entity Name

BREVARD COUNTY 4-H YOUTH FOUNDATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90106 002 ****61.25

Principal Place of Business

Mailing Address

3695 LAKE DRIVE
COCOA FL 32926

3695 LAKE DRIVE
COCOA FL 32926-4219

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

59-1691196

Applied For

Not Applicable

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

SCHRADER, DAN E
3695 LAKE DR
COCOA FL 32926

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ALLENDER, JERRY
STREET ADDRESS 545 ORA DELL AVE.
CITY-ST-ZIP TITUSVILLE FL 32796

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

TITLE D ☐ Delete
NAME ANDERSON, ROBERT
STREET ADDRESS 1292 ST. ANDREWS DRIVE
CITY-ST-ZIP ROCKLEDGE FL

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

TITLE VPD ☐ Delete
NAME SULLIVAN, FRANK
STREET ADDRESS 1705 INDIAN RIVER DR
CITY-ST-ZIP COCOA FL

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

TITLE S ☒ Delete
NAME TURNER, ROBIN
STREET ADDRESS 406 RICHARD RD
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS STEVE PHELPS
CITY-ST-ZIP 839 BARTON BOULEVARD
ROCKLEDGE, FL 32955

TITLE T ☒ Delete
NAME SECREST, WALTER
STREET ADDRESS 535 DELANNOY AVE.
CITY-ST-ZIP COCOA FL 32922

TITLE ☒ Change ☐ Addition
NAME Treasurer
STREET ADDRESS TURNER, ROBIN
CITY-ST-ZIP 406 RICHARD ROAD
ROCKLEDGE, FL 32955

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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: DAN E. SCHRADER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-00 321/633-1702

CR2E037 (9/99)