

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**  
 05-03-2000 90051 027 \*\*\*\*61.25

**DOCUMENT # 738460**  
 Entity Name  
**FLEET RESERVE HALL OF BREVARD COUNTY, INC.**

Principal Place of Business Mailing Address  
**LEGION LN** **P. O. BOX 966**  
**FL 32922** **COCOA FL 32923-0966**  
**US**

Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1749883** Applied For Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**TILLOTSON, ROBERT**  
**5155 VAGARO AVE**  
**COCOA FL 32926**

7. Name and Address of New Registered Agent  
 Name **Olafson, Harold J.**  
 Street Address (P.O. Box Number is Not Acceptable) **449 Candlestick Ave., NE**  
 City **Palm Bay** **FL** Zip Code **32907**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  
**H. J. Olafson - H. J. OLAFSON** **Apr. 20 - 2000**

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

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
PD TILLOTSON, ROBERT 5155 VACARO AVE. COCOA FL 32926	<input checked="" type="checkbox"/> Delete	TITLE NAME, STREET ADDRESS CITY-ST-ZIP PD Olafson, Harold J. 419 Candlestick Ave., NE Palm Bay, FL 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VD OLAFSON, HAROLD J 419 CANDLESTICK AVE. NE PALM BAY FL 32903	<input checked="" type="checkbox"/> Delete	TITLE NAME, STREET ADDRESS CITY-ST-ZIP VD Watkins, Gerald W. 4265 Savannahs Trail Merritt Island, FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SDTD ANDERSON, ROBERT 4740 BYRON ST. PORT ST. JOHN FL 32927	<input checked="" type="checkbox"/> Delete	TITLE NAME, STREET ADDRESS CITY-ST-ZIP SBTD Gary Heitmann 311 Dorset Drive Cocoa Beach, FL 32931	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME, STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME, STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME, STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Gary Heitmann** **321-784-5368**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)