

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90208 046 ****61.25

DOCUMENT # 738460

1. Entity Name

FLEET RESERVE HALL OF BREVARD COUNTY, INC.

Principal Place of Business

Mailing Address

**22 LEGION LN
 COCOA FL 32922
 US**

**P. O. BOX 966
 COCOA FL 32923-0966
 US**

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

59-1749883

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

**OLAFSON, HAROLD J
 419 CANDLESTICK AVE NE
 PALM BAY FL 32907**

Name **Schaaf, Dean**

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

1310 Shady Ln.

City **Merritt Island,**

FL

Zip Code
32952

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

Dean Schaaf

4-8-02

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 **OLAFSON, HAROLD J**
 STREET ADDRESS **419 CANDLESTICK AVE NE**
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Schaaf, Dean**
 STREET ADDRESS **1310 Shady Ln.**
 CITY-ST-ZIP **Merritt Island, FL 32952**

TITLE **VD** ☒ Delete
 NAME **WATKINS, GERALD W**
 STREET ADDRESS **4265 SAVANNAHS TRAIL**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Bob Anderson**
 STREET ADDRESS **4740 Byron St**
 CITY-ST-ZIP **Port St. John, FL 32927**

TITLE **SDTD** ☒ Delete
 NAME **HEITMANN, GARY**
 STREET ADDRESS **311 DORSET DR**
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE **SDTD** ☒ Change ☐ Addition
 NAME **Gebhart, Sheri**
 STREET ADDRESS **5800 N. Banana River Blvd. #216**
 CITY-ST-ZIP **Cape Canaveral, FL 32920**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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)(l), 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:

Dean Schaaf

4-8-02

321-452-0365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)