

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-07-2003 90982 033 ****61.25

DOCUMENT # 738460

1. Entity Name

FLEET RESERVE HALL OF BREVARD COUNTY, INC.



Principal Place of Business

22 LEGION LN
COCOA FL 32922
US

Mailing Address

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

00000010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1749883**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHAAF, DEAN
1310 SHADY LANE
MERRITT ISLAND FL 32952

Name

Anderson, Robert

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

4740 Byron Street

City

Port St. John

FL

Zip Code

32937

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert Anderson

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD SCHAAF, DEAN**
STREET ADDRESS **1310 SHADY LANE**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Delete
NAME **VD ANDERSON, BOB**
STREET ADDRESS **4740 BYRON ST**
CITY-ST-ZIP **PORT ST. JOHN FL 32927**

TITLE ☐ Delete
NAME **SDTD HEITMANN, GARY**
STREET ADDRESS **5800 N BANANA RIVER BLVD #216**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Pres Anderson, Robert**
STREET ADDRESS **4740 Byron Street**
CITY-ST-ZIP **Port St. John, FL 32937**

TITLE ☒ Change ☐ Addition
NAME **VPres Heitmann, Gary**
STREET ADDRESS **311 Dorset Drive**
CITY-ST-ZIP **Cocoa Beach, FL 32931**

TITLE ☒ Change ☐ Addition
NAME **SecTreas Gebhart, Sheri**
STREET ADDRESS **5800 N. Banana River Blvd #216**
CITY-ST-ZIP **Cape Canaveral, FL 32930**

TITLE ☐ Change ☒ Addition
NAME **D SchAAF, Dean**
STREET ADDRESS **1310 Shady Lane**
CITY-ST-ZIP **Merritt Island 32952**

TITLE ☐ Change ☒ Addition
NAME **D Robert Campbell**
STREET ADDRESS **132 W. Alachua Lane**
CITY-ST-ZIP **Cocoa Beach, FL 32931**

TITLE ☐ Change ☒ Addition
NAME **D Karl Breckenzer**
STREET ADDRESS **3132 Crumpler Court**
CITY-ST-ZIP **Cocoa, FL 32926**

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:

Robert Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

Date

321-633-8089

Daytime Phone #

CR2E037 (10/02)