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

J30030213

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

☒ CHECK HERE IF MAKING CHANGES

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
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: 32927

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	Pres ☒ Change ☐ Addition
NAME	SCHAAF, DEAN	NAME	Anderson, Robert
STREET ADDRESS	1310 SHADY LANE	STREET ADDRESS	4740 Byron Street
CITY-ST-ZIP	MERRITT ISLAND FL 32952	CITY-ST-ZIP	Port St. John, FL 32927
TITLE	VD ☐ Delete	TITLE	VPres ☒ Change ☐ Addition
NAME	ANDERSON, BOB	NAME	Heitmann, Gary
STREET ADDRESS	4740 BYRON ST	STREET ADDRESS	311 Dorset Drive
CITY-ST-ZIP	PORT ST JOHN FL 32927	CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE	SDTD ☐ Delete	TITLE	Sec/Treas ☒ Change ☐ Addition
NAME	HEITMANN, GARY	NAME	Gebhart, Sheri
STREET ADDRESS	5800 N BANANA RIVER BLVD #216	STREET ADDRESS	5800 N. Banana River Blvd #216
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	Schaaf, Dean
STREET ADDRESS		STREET ADDRESS	1310 Shady Lane
CITY-ST-ZIP		CITY-ST-ZIP	Merritt Island 32952
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	Robert Campbell
STREET ADDRESS		STREET ADDRESS	132 W. Alachua Lane
CITY-ST-ZIP		CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	Karl Bregenzer
STREET ADDRESS		STREET ADDRESS	3132 Crumpet Court
CITY-ST-ZIP		CITY-ST-ZIP	Cocoa, FL 32926

CR2E037 (10/02)

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 REQUIRED — 4/2/03 — 321-633-8089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #