

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740730

1. Entity Name

BREVARD COUNTY CHAMBERS OF COMMERCE COUNCIL, INC

Principal Place of Business

1005 E STRAWBRIDGE AVE
MELBOURNE FL 32901
US

Mailing Address

1005 E STRAWBRIDGE AVE
MELBOURNE FL 32901-4740
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

59-1776479

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

BOHLMANN, LEE
1005 E STRAWBRIDGE AVE
MELBOURNE FL 32901

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 NAME ☐ Delete

D SECOR, PAUL
2000 S WASHINGTON ST
TITUSVILLE FL 32953

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

D SIMON, HANK
1153 MALABAR RD. STE #18
PALM BAY FL

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STC BRANDOW, HEIDI
400 FORTENBERRY RD
MERRITT ISLAND FL 32952

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

Lee Secor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90863 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)