

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90021 036 ****61.25

DOCUMENT # 743396

1. Entity Name

SOUTH BREVARD SENIORS ASSOCIATION, INC.

Principal Place of Business

**618 E. MELBOURNE AVE.
 MELBOURNE FL 32901
 US**

Mailing Address

**618 E MELBOURNE AVE
 MELBOURNE FL 32901-5505
 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

59-1898531

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

**GOOD, ALICE
 1120 SALEM RD
 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

Good, Alice

Alice Good

3-17-00

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**
 NAME **GOOD, ALICE**
 STREET ADDRESS **1120 SALEM RD**
 CITY-ST-ZIP **MELBOURNE FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD**
 NAME **MASSEY, PAUL**
 STREET ADDRESS **1290 CYPRESS BEND CIR**
 CITY-ST-ZIP **MELBOURNE FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD**
 NAME **STOIA, ANTHONY**
 STREET ADDRESS **145 NORMANDY PL**
 CITY-ST-ZIP **MELBOURNE BEACH FL**

☒ Delete

TITLE **VD**
 NAME **MAHONEY, HILDA**
 STREET ADDRESS **2927 GEMINI AVE.**
 CITY-ST-ZIP **PALM BAY, FL 32907**

☒ Change ☐ Addition

TITLE **SD**
 NAME **MAYER, GAYE**
 STREET ADDRESS **1054 SUN FLOWER LN**
 CITY-ST-ZIP **PALM BAY FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TD**
 NAME **NORWALK, BETTY BYERS**
 STREET ADDRESS **50 NEW YORK WAY**
 CITY-ST-ZIP **ROCKLEDGE FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TDA**
 NAME **KRAISEL, HY**
 STREET ADDRESS **500 PALM SPRINGS BLVD., #209**
 CITY-ST-ZIP **INDIAN HARBOR BEACH FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Alice M. Good, Pres.
ABREXIA M. GOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar. 17, 2000 321-424-6622

CR2E037 (9/99)