

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743766

1. Entity Name

NORTH BREVARD COUNTY REACT TEAM 2562, INCORPORAT

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

04-17-2000 90021 030 ****61.25

Principal Place of Business Mailing Address
18 N. DIXIE AVENUE (TITUSVILLE) 18 N. DIXIE AVENUE (TITUSVILLE)
P. O. BOX 1395 P. O. BOX 1395
TITUSVILLE FL 32781-5395 TITUSVILLE FL 32781-1395

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

ROWTON, JERRY W
18 N DIXIE AVE.
PO BOX 1268
TITUSVILLE FL 32781

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 PD ☐ Delete
NAME BAUMANN, SUE
STREET ADDRESS 1189 S. PARK AVE. #A
CITY-ST-ZIP TITUSVILLE FL

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

TITLE VD ☐ Delete
NAME ELLIXSON, MIKE
STREET ADDRESS 2605 COLUMBIA BLVD
CITY-ST-ZIP TITUSVILLE FL

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

TITLE SD ☐ Delete
NAME BAUMANN, RAYMOND
STREET ADDRESS 1189 S. PARK AVE. #A
CITY-ST-ZIP TITUSVILLE FL

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

TITLE AMCD ☐ Delete
NAME ROWTON, JERRY W
STREET ADDRESS 18 N DIXIE AVE
CITY-ST-ZIP TITUSVILLE FL 32781

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

TITLE AMC ☐ Delete
NAME EWEN, LARRY
STREET ADDRESS 3315 SIXTH AVE
CITY-ST-ZIP MIMS FL

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

TITLE TD ☐ Delete
NAME JOHNSON, CATHY
STREET ADDRESS 189 BAHNSEN ROAD
CITY-ST-ZIP TITUSVILLE FL

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)(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:

Sue Baumann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-2000 321-267-6322

CR2E037 (9/99)