

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90065 025 \*\*\*\*61.25

**DOCUMENT # 743766**

1. Entity Name

**NORTH BREVARD COUNTY REACT TEAM 2562, INCORPORAT  
 ED**

Principal Place of Business

Mailing Address

**18 N. DIXIE AVENUE (TITUSVILLE)  
~~P.O. BOX 1268~~  
 TITUSVILLE FL 32781-5395**

**18 N. DIXIE AVENUE (TITUSVILLE)  
~~P.O. BOX 1268~~  
 TITUSVILLE FL 32781-5395**

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 1268  
 Suite, Apt. #, etc.**

**P.O. BOX 1268  
 Suite, Apt. #, etc.**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

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

**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 **AMC**  
 STREET ADDRESS **ED WIRTH**  
 CITY-ST-ZIP **1605 CHAUCER ROAD**

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 **TITUSVILLE FL 32780**

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 20, 2002* **321-217-6322**  
 Date Daytime Phone #

CR2E037 (9/01)