

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745925

1. Entity Name

BUSINESS IMPROVEMENT COUNCIL OF COCOA BEACH, INC

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90009 027 ****61.25

Principal Place of Business BOX 320303 COCOA BEACH FL 32932 US	Mailing Address BOX 320303 COCOA BEACH FL 32932-0303 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2128290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOODY, DON
291 W COCOA BEACH CSWY
COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

Name **L. GEORGE LEONARD**
 Street Address (P.O. Box Number is Not Acceptable) **1485 N. ATLANTIC AVE #112**
 City **COCOA BEACH** FL Zip Code **32931**

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: *L. George Leonard* DATE: 2/9/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	D <input type="checkbox"/> Delete
NAME	MOODY, DON
STREET ADDRESS	291 W COCOA BCH CSWY
CITY-ST-ZIP	COCOA BCH FL
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	HYMAN, BOB
STREET ADDRESS	51 N ORLANDO AVE
CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE	VPD <input type="checkbox"/> Delete
NAME	MONGIELLO, JOAN
STREET ADDRESS	3 S ATLANTIC AVE
CITY-ST-ZIP	COCOA BCH FL 32931
TITLE	S <input type="checkbox"/> Delete
NAME	SCHMITT, CLIFF
STREET ADDRESS	10 FRANCIS ST
CITY-ST-ZIP	COCOA BCH FL 32931
TITLE	T <input type="checkbox"/> Delete
NAME	LEONARD, L GEORGE
STREET ADDRESS	1485 N ATLANTIC AVE, SUITE 112
CITY-ST-ZIP	COCOA BCH FL 32931
TITLE	P <input type="checkbox"/> Delete
NAME	TALBOT, CHUCK
STREET ADDRESS	336 TAFT AVE
CITY-ST-ZIP	COCOA BEACH FL 32931

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *L. George Leonard* DATE: 2/9/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)