

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90310 028 ****61.25

DOCUMENT # 745925

1. Entity Name

BUSINESS IMPROVEMENT COUNCIL OF COCOA BEACH, INC

Principal Place of Business

BOX 320303
 COCOA BEACH FL 32932
 US

Mailing Address

BOX 320303
 COCOA BEACH FL 32932
 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

59-2128290

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEONARD, L. GEORGE
1485 M ATLANTIC AVE., #112
COCOA BEACH FL 32931

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

L. George Leonard

1/29/01

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VP LANCE ARMSTRONG	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	320 N. ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE NAME	SECRETARY ED. ANTHONY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	505 N. ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PRESIDENT SHANNON BURNETT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	86 N. ORLANDO AVE	
CITY-ST-ZIP	COCOA BEACH, FL 32931	

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:

Chuck Talbot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)