

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90305 018 \*\*\*\*70.00

0028765

**DOCUMENT # 748162**

1. Entity Name

**SOUTH BREVARD HISTORICAL SOCIETY, INC.**

**816757**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
101 CENTRAL ROAD INDIAN HARBOR BEACH FL 32937 US		PO BOX 1064 MELBOURNE FL 32902 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	Applied For
<b>59-2017622</b>	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent

**PREECE, BETTY P.**  
**615 N. RIVERSIDE**  
**INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

61 25  
 8 75  
 # 70 00

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	KJERULFF, GEORGIANA	
STREET ADDRESS	710 ACACIA AVE.	
CITY-ST-ZIP	MELBOURNE VILLAGE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BROWN, BETTY	
STREET ADDRESS	328 W.PATRICK CIR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PREECE, BETTY	
STREET ADDRESS	615 N. RIVERSIDE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAGNER, HESTER	
STREET ADDRESS	6885 WARD PARKWAY	
CITY-ST-ZIP	MELBOURNE VILLAGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOYD, ELLEN	
STREET ADDRESS	21 W. VIDA WAY	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Keyser	
STREET ADDRESS	1645 Seneca, Melbourne FL 32935	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peggy Johnson	
STREET ADDRESS	1811 S Hickory Melbourne FL 32925	
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: Betty P. Preece **Betty P. Preece** 2/27/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)