

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90004 028 ****61.25

DOCUMENT # 749009

1. Entity Name

S.P.C.A. OF NORTH BREVARD, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 6162
 TITUSVILLE FL 32782**

**P.O. BOX 6162
 TITUSVILLE FL 32782**

914012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1989109

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

**COPELAND, DEBORAH J
 4500 BURKHOLM ROAD
 MIMS FL 32754**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KOFIL, MARY K 2365 S.W. CIR. TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHILLIPS, JOYCE 1834 PARK AVE TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COPELAND, DEBORAH J 4500 BURKHOLM RD MIMS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMART, RENEE 6412 WINDOVER WAY TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PHILLIPS, JOYCE 1834 PARK AVE. TITUSVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLLMATSCH, ARTHUR 4557 HELENA DR TITUSVILLE FL 32780	☐ Delete

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

Deborah J Copeland
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-01 (321) 267 2262

CR2E037 (10/00)