

2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

455 CHENEY Highway

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 6162

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TITUSVILLE FL.

City & State

TITUSVILLE FL.

4. FEI Number

59-1989109

Applied For

Not Applicable

Zip

32780

Country

USA

Zip

32782

Country

USA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

COPELAND, DEBORAH J
4500 BURKHOLM ROAD
MIMS FL 32754

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

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | KOFIL, MARY K | |
| STREET ADDRESS | 2365 S.W. CIR. | |
| CITY-ST-ZIP | TITUSVILLE FL 32780 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | PHILLIPS, JOYCE | |
| STREET ADDRESS | 1834 PARK AVE | |
| CITY-ST-ZIP | TITUSVILLE FL 32780 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | COPELAND, DEBORAH J | |
| STREET ADDRESS | 4500 BURKHOLM RD | |
| CITY-ST-ZIP | MIMS FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SMART, RENEE | |
| STREET ADDRESS | 6412 WINDOVER WAY | |
| CITY-ST-ZIP | TITUSVILLE FL 32780 | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete |
| NAME | PHILLIPS, JOYCE | |
| STREET ADDRESS | 1834 PARK AVE. | |
| CITY-ST-ZIP | TITUSVILLE FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DOLLMATSCH, ARTHUR | |
| STREET ADDRESS | 4557 HELENA DR | |
| CITY-ST-ZIP | TITUSVILLE FL 32780 | |

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 | | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Dollmatsch, Arthur | |
| STREET ADDRESS | 4557 Helena Dr. | |
| CITY-ST-ZIP | Titusville FL 32780 | |
| | President | |

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 empowerment.

SIGNATURE:

Deborah J Copeland

1-10-02

321 2678221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)