

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90015 004 ****61.25

0004759

DOCUMENT # 749540

1. Entity Name

BREVARD PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

147 S. BREVARD AVE.
 UNIT 5
 COCOA BEACH FL 32931
 US

Mailing Address

147 S. BREVARD AVE.
 UNIT 5
 COCOA BEACH FL 32931
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, JEANNINE M
147 S. BREVARD AVE.
UNIT 5
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

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
After September 12, 2001, min. will be \$236.25

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 **STD** ☐ Delete
 NAME **JACKSON, JEANNINE**
 STREET ADDRESS **147 S BREVARD AVE #1**
 CITY-ST-ZIP **COCOA BCH FL**

TITLE **PD** ☐ Delete
 NAME **PHILLIPS, GLORIA**
 STREET ADDRESS **147 S BREVARD AVE #2**
 CITY-ST-ZIP **COCOA BCH FL**

TITLE **VD** ☐ Delete
 NAME **SPIRES, PETER**
 STREET ADDRESS **147 S. BREVARD AVE #3**
 CITY-ST-ZIP **COCOA BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Jeannine M Jackson Sec & Treas 7/24/01 (321) 284-3132

CR2E037 (5/01)

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DO NOT WRITE IN THIS SPACE