

2002 UNIFORM BUSINESS REPORT (UBR)

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

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JEANNINE M
147 S. BREVARD AVE.
UNIT 5
COCOA BEACH FL 32931

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 Jackson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 1/22/02 DAYTIME PHONE # (321) 784-3132

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90165 022 ****61.25



DO NOT WRITE IN THIS SPACE

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