

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755674

1. Entity Name

PREVENT OF BREVARD, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90096 001 \*\*\*122.50

Principal Place of Business

Mailing Address

1948 PINEAPPLE AVE.  
MELBOURNE FL 32935

1948 PINEAPPLE AVE.  
MELBOURNE FL 32935-7609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2097519

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEIMMER, KAY  
1235 LESLIE DR.  
MERRITT ISLAND FL 32952

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 ☐ Delete  
NAME VD  
STREET ADDRESS ROSELIP, LEO  
CITY-ST-ZIP 365 CHERRY DR  
SATELLITE BCH FL 32937

TITLE ☒ Change ☐ Addition  
NAME Chairman-Elect  
STREET ADDRESS ROSELIP, LEO  
CITY-ST-ZIP 365 CHERRY DR  
SATELLITE BCH, FL 32937

TITLE ☒ Delete  
NAME VD  
STREET ADDRESS PERERS, SUSAN F  
CITY-ST-ZIP 5985 SOUTH TROPICAL TRAIL  
MERRITT ISLAND FL

TITLE ☐ Change ☒ Addition  
NAME Vice Chairperson  
STREET ADDRESS Denise Beasley  
CITY-ST-ZIP 2490 Forest Run Drive  
Melbourne, FL 32935

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS ANDERSON, LUCIA  
CITY-ST-ZIP 1959 FABIAN CIRCLE  
MELBOURNE FL

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS WENDY B KNIPPEL  
CITY-ST-ZIP 1036 PELICAN LN  
ROCKLEDGE FL 32955

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS HEIMMER, KAY  
CITY-ST-ZIP 1235 LESLIE DR.  
MERRITT ISLAND FL

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

TITLE ☐ Delete  
NAME CD  
STREET ADDRESS PERERS, SUSAN F  
CITY-ST-ZIP 5985 S. TROPICA TRAIL  
MERITT ISLAND FL

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:

*HELEN KAY HEIMMER* 3/23/00 321-259-1262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)