

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756902

1. Entity Name

BREVARD COUNTY FLORIST ASSOCIATION OF FLORIDA, I

Principal Place of Business

2525 AURORA RD
P.O. BOX 36-2026
MELBOURNE FL 32935-4165

Mailing Address

2525 AURORA RD
P.O. BOX 36-2026
MELBOURNE FL 32935-2833

2. Principal Place of Business

563 Comanche Ave

3. Mailing Address

563 Comanche Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne Florida

City & State

Melbourne Florida

Zip

32935

Country

USA

Zip

32935

Country

USA Brevard

4. FEI Number

59-2344594

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARD BECKETT
1225 A S FLORIDA AVE
ROCKLEDGE FL 32955

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	D	<input type="checkbox"/> Delete
NAME	BECKETT, LEONARD	
STREET ADDRESS	1225A S. FLORIDA AVE.	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DANIEL J JONES	
STREET ADDRESS	140 W MERRITT ISLAND CSWY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOMAZZO, PATTI	
STREET ADDRESS	2525 AURORA ROAD, SUITE 101	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUY, LORI	
STREET ADDRESS	412 FIFTH AVE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	S	<input type="checkbox"/> Delete
NAME	MROZ, KAY	
STREET ADDRESS	906 ELMONT ST NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
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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		

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:

PATTI LOMAZZO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2000

Date

321-254-2833

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90082 021 ****61.25