

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90025 046 *****70.00

DOCUMENT # 766932

1. Entity Name

BREVARD RARE FRUIT COUNCIL, INC.

Principal Place of Business

**MELBOURNE FRONT STREET CIVIC CENTER
FRONT STREET
MELBOURNE FL 32901
US**

Mailing Address

**P.O. BOX 033773
INDIALANTIC FL 32903
US**

0 0 1 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**DAVIDSOHN, WILLA
1643 OLD COLONIAL WAY
MELBOURNE FL 32935**

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 PD
NAME MONROE, BILL
STREET ADDRESS 120 VAN ROSE CIRCLE, SE
CITY-ST-ZIP PALM BAY FL 32909 ☒ Delete

TITLE VPD
NAME MILLER, RICHARD
STREET ADDRESS 406 PETAL RD NE
CITY-ST-ZIP PALM BAY FL 32909 ☒ Delete

TITLE TD
NAME ROWE, WALTER J
STREET ADDRESS 1051 ELDRON BLVD SE
CITY-ST-ZIP PALM BAY FL 32909 ☐ 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 PD
NAME MILLER, RICHARD
STREET ADDRESS 4725 SAND POINT RD
CITY-ST-ZIP GRANT, FLORIDA 32949 ☒ Change ☐ Addition

TITLE VPD
NAME GARG, GOPAL
STREET ADDRESS 509 VELAS CT.
CITY-ST-ZIP INDIALANTIC, FL 32903 ☒ Change ☐ Addition

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
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:

WALTER J. ROWE REQUIRED

Jan 25, 2002 (321) 724-7504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)