

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90022 009 \*\*\*\*61.25

**DOCUMENT # 768463**

1. Entity Name

**ESTATE PLANNING COUNCIL OF BREVARD COUNTY, INC.**

Principal Place of Business

Mailing Address

410 N MIRAMAR AVE  
 INDIALANTIC FL 32903  
 US

410 N MIRAMAR AVE  
 INDIALANTIC FL 32903-3126  
 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

**59-6862388**

Applied For

Not Applicable

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

**NASH, CHARLES IAN**  
**930 SOUTH HARBOR CITY BLVD**  
**STE 505**  
**MELBOURNE FL 32901**

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 **PD**  Delete  
 NAME **PRESNICK, DAVID**  
 STREET ADDRESS **96 WILLARD ST STE 302**  
 CITY-ST-ZIP **COCOA BEACH FL**

TITLE **PD**  Change  Addition  
 NAME **Key, Catherine**  
 STREET ADDRESS **2717 N Wickham Rd #3**  
 CITY-ST-ZIP **Melbourne FL 32940**

TITLE **VP**  Delete  
 NAME **KEY, CATHERINE**  
 STREET ADDRESS **2717 N WICKAM RD#3**  
 CITY-ST-ZIP **MELBORNE FL**

TITLE **VP**  Change  Addition  
 NAME **Simms, Pennie**  
 STREET ADDRESS **1004 Beverly Dr SK F**  
 CITY-ST-ZIP **Rockledge FL 32956**

TITLE **VP**  Delete  
 NAME **SIMMS, PENNY**  
 STREET ADDRESS **1004 BEVERLY DR STE F**  
 CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **VP**  Change  Addition  
 NAME **Whittaker, Ken**  
 STREET ADDRESS **1692 W Hibiscus Blvd**  
 CITY-ST-ZIP **Melbourne FL 32901**

TITLE **S**  Delete  
 NAME **WHITTAKER, KEN**  
 STREET ADDRESS **1692 W HIBISCUS BLVD**  
 CITY-ST-ZIP **MALBORNE FL**

TITLE **S**  Change  Addition  
 NAME **Anderson, Laura**  
 STREET ADDRESS **930 S Harbor City Blvd #505**  
 CITY-ST-ZIP **Melbourne FL 32901**

TITLE **T**  Delete  
 NAME **ANDERSON, LAURA**  
 STREET ADDRESS **930 S HARBOR CITY BLVD #505**  
 CITY-ST-ZIP **MELBORNE FL**

TITLE **T**  Change  Addition  
 NAME **Rice, Sandy**  
 STREET ADDRESS **4690-4 Beck Lake Tr**  
 CITY-ST-ZIP **Melbourne FL 32901**

TITLE **D**  Delete  
 NAME **RICE, SANDY**  
 STREET ADDRESS **4690-4 BECK LAKE TRAIL**  
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **D**  Change  Addition  
 NAME **MOISANO, DAN**  
 STREET ADDRESS **1361 Bedford Dr Ste 103**  
 CITY-ST-ZIP **Melbourne FL 32940**

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**3/2** **321-7826000**

CR2E037 (9/99)