

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768463

1. Entity Name

ESTATE PLANNING COUNCIL OF BREVARD COUNTY, INC.

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

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6862388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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

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

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

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

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

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

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

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

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

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 REQUIRED**

Date

Daytime Phone #

3/2 321-7826000

CR2E037 (9/99)