

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768519

1. Entity Name
ARC-BREVARD FOUNDATION, INC.

Principal Place of Business
1694 CEDAR ST.
ROCKLEDGE FL 32955-3131

Mailing Address
1694 CEDAR ST.
ROCKLEDGE FL 32955-3131

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 59-2295584 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

DRESSLER, DONNA
DRESSLER AND DRESSLER
110 DIXIE LANE
COCOA BEACH FL 32931

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 NAME STREET ADDRESS CITY-ST-ZIP	DC RYAN, GERALD 1670 S FISKE BLVD ROCKLEDGE FL 32955-3131 Delete ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHINN, GREGG 1934 S FISKE BLVD ROCKLEDGE FL Delete ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWIFT, BARRY 201 BARTON BLVD ROCKLEDGE FL Delete ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUTTING, CHUCK 719 E HIBISCUS BLVD MELBOURNE FL Delete ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DROPSKI, CYNDI 680 N EAUGALLIE BLVD MELBOURNE FL 32935 Delete ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REHM, CHUCK 2107 HIDDEN GROVE LN MERRITT ISLAND FL 32953 Delete ☐

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: *Handwritten Signature* Chairman of Board 321-636-4450
President/CEO 4/3/02 321-690-3464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90703 001 ***245.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)