

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J20139

1. Entity Name

BREVARD COUNSELING CENTER, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90188 002 ***150.00

Principal Place of Business

Mailing Address

340 FOURTH AVE
INDIALANTIC FL 32903

340 FOURTH AVE
INDIALANTIC FL 32903

2. Principal Place of Business

1900 S. Harbor City Blvd

3. Mailing Address

P.O. Box 33458

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 209

City & State

Melbourne FL

City & State

Indialantic FL

Zip

32901

Country

USA

Zip

32903

Country

USA

4. FEI Number

59-2705485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BANKS, SARA LYNN
340 FOURTH AVE
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name

Banks, Sara Lynn

Street Address (P.O. Box Number is Not Acceptable)

1900 S. Harbor City Blvd

City

Melbourne

FL

Zip Code

32901

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BANKS, SARA LYNN
STREET ADDRESS 340 FOURTH AVE
CITY-ST-ZIP INDIALANTIC FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sara Lynn Banks

Date

1/30/01

Daytime Phone #

321-723-7300

CR2E034 (10/00)