

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90074 008 ****50.00

DOCUMENT # L00000003175

1. Entity Name

ALLIANCE TITLE OF BREVARD, L.L.C.



Principal Place of Business

**201 RIVERSIDE DRIVE, SUITE C
INDIALANTIC FL 32903**

Mailing Address

**201 RIVERSIDE DRIVE, SUITE C
INDIALANTIC FL 32903**

2. Principal Place of Business

730 E STRAWBRIDGE AVE

3. Mailing Address

730 E STRAWBRIDGE AVE

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

MELBOURNE, FLORIDA

City & State

MELBOURNE, FLORIDA

Zip

32901

Country

USA

Zip

32901

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3632472**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEALS, ROBERT L
201 RIVERSIDE DRIVE
INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

Name

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

730 E. STRAWBRIDGE AVENUE

SUITE 100

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

ROBERT L. BEALS

4-22-03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **THE ALLIANCE OF BREVARD INC.**
STREET ADDRESS **201 RIVERSIDE DRIVE, SUITE C**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **D** ☐ Delete
NAME **MATARAZZO, PATRICIA**
STREET ADDRESS **201 RIVERSIDE DRIVE, SUITE C**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **D** ☐ Delete
NAME **CASSELLA, LIZABETH**
STREET ADDRESS **201 RIVERSIDE DRIVE, SUITE C**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **D** ☐ Delete
NAME **SPRAGINS, MICHAEL W**
STREET ADDRESS **201 RIVERSIDE DRIVE, SUITE C**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **D** ☐ Delete
NAME **BEALS, ROBERT L**
STREET ADDRESS **201 RIVERSIDE DRIVE, SUITE C**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **D** ☐ Delete
NAME **SPRAGINS, STEPHEN H**
STREET ADDRESS **201 RIVERSIDE DRIVE, SUITE C**
CITY-ST-ZIP **INDIALANTIC FL 32903**

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **THE ALLIANCE OF BREVARD INC.**
STREET ADDRESS **730 E. STRAWBRIDGE AVENUE, SUITE 100**
CITY-ST-ZIP **MELBOURNE, FLORIDA 32901**

TITLE **D** ☒ Change ☐ Addition
NAME **MATARAZZO, PATRICIA**
STREET ADDRESS **730 E STRAWBRIDGE AVENUE, SUITE 100**
CITY-ST-ZIP **MELBOURNE, FLORIDA 32901**

TITLE **D** ☒ Change ☐ Addition
NAME **CASSELLA, LIZABETH**
STREET ADDRESS **730 E STRAWBRIDGE AVENUE, SUITE 100**
CITY-ST-ZIP **MELBOURNE, FLORIDA 32901**

TITLE **D** ☒ Change ☐ Addition
NAME **SPRAGINS, MICHAEL W**
STREET ADDRESS **730 E STRAWBRIDGE AVENUE, SUITE 100**
CITY-ST-ZIP **MELBOURNE, FLORIDA 32901**

TITLE **D** ☒ Change ☐ Addition
NAME **BEALS, ROBERT L**
STREET ADDRESS **730 E. STRAWBRIDGE AVENUE, SUITE 100**
CITY-ST-ZIP **MELBOURNE, FLORIDA 32901**

TITLE **D** ☒ Change ☐ Addition
NAME **SPRAGIN, STEPHEN H.**
STREET ADDRESS **730 E. STRAWBRIDGE AVENUE, SUITE 100**
CITY-ST-ZIP **MELBOURNE, FLORIDA 32901**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Patricia Matrazzo

4-22-03

321-724-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)