

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Feb 23, 2001 8:00 am
Secretary of State

01-31-2001 90275 049 ****61.25

DOCUMENT # N00000000563

1. Entity Name

E.A.R.T.H. AWARENESS OF BREVARD, INC.

Principal Place of Business

1395 BAYSHORE DRIVE
COCOA BEACH FL 32931

Mailing Address

1395 BAYSHORE DRIVE
COCOA BEACH FL 32931

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

59-3626017

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

LULEY, SUSAN
1395 BAYSHORE DRIVE
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

Susan Luley

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-22-01

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

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | DIRECTOR | <input type="checkbox"/> Delete |
| NAME | BRYAN BERGERON | |
| STREET ADDRESS | 6080 WILDERNESS AVE. | |
| CITY-ST-ZIP | COCOA, FL 32926 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Delete |
| NAME | BEVERLY MORRIS | |
| STREET ADDRESS | 389 CORAL DR. | |
| CITY-ST-ZIP | CAPE CANAVERAL FL 32920 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Delete |
| NAME | SUSAN LULEY | |
| STREET ADDRESS | 1395 BAYSHORE DR. | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Delete |
| NAME | LAURA JO MORRIS | |
| STREET ADDRESS | 200 N. FIRST ST. | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Susan Luley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01

Date

321-636-7231

Daytime Phone #

CR2E037 (10/00)