

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90029 025 ****61.25

DOCUMENT # N00000001005

1. Entity Name

H.I.S. KIDS OF BREVARD, INC.



Principal Place of Business

**2820 BUSINESS CENTER BLVD
MELBOURNE FL 32934**

Mailing Address

**PO BOX 41-0634
MELBOURNE FL 32941-0634**

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 **59-3631233**

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

**SUNDIN, GLENN T
335 SO. PLUMOSA STREET,STE.A
MERITT ISLAND FL 32952**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **BELL, JEANNE**
STREET ADDRESS **7015 S TROPICAL TRAIL**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **P/D** ☐ Change ☒ Addition
NAME **Carla Calvert**
STREET ADDRESS **620 Verbenia Drive**
CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE **VD** ☒ Delete
NAME **HOBBS, MICHELLE**
STREET ADDRESS **2265 SHADY OAK RD.**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **V/D** ☐ Change ☒ Addition
NAME **Robin Moon**
STREET ADDRESS **450 Ocean Spray Avenue**
CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE **TD** ☒ Delete
NAME **MCGUILL, KIM**
STREET ADDRESS **4935 MIKONOS PLACE**
CITY-ST-ZIP **COCOA FL 32926**

TITLE **S/D** ☐ Change ☒ Addition
NAME **Amy Long**
STREET ADDRESS **670 S. Hedgecock Square**
CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE **SD** ☒ Delete
NAME **VANDIVIER, SUSAN**
STREET ADDRESS **4645 SMITHFIELD ROAD**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **T** ☐ Change ☒ Addition
NAME **Donna Griffin**
STREET ADDRESS **538 Amherst Circle West**
CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED **Lynn Long 1-14-03 (321) 777-4589**

CR2E037 (10/02)