

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90091 005 ****70.00

DOCUMENT # NO1000002930

1. Entity Name

BREVARD EARLY CHILDHOOD PROFESSIONAL ASSOCIATION, INC.

Principal Place of Business

1335 BERRI PATCH PLACE
 MELBOURNE FL 32935

Mailing Address

1335 BERRI PATCH PLACE
 MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Brevard

Zip

Country

Brevard

4. FEI Number

59-371 2008

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

ANDERSON, J. PATRICK
 930 S HARBOR CITY BLVD SUITE 505
 MELBOURNE FL 32901

984-3300

Name

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

City

FL

FL

Zip Code

I, above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

NATURE

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 | DV | <input type="checkbox"/> Delete |
| NAME | FOLEY, VIRGINIA | |
| STREET ADDRESS | 1335 BERRI PATCH PLACE | |
| CITY-STATE-ZIP | MELBOURNE FL 32935 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | DITOTA, GABRIELE | |
| STREET ADDRESS | 1335 BERRI PATCH PLACE | |
| CITY-STATE-ZIP | MELBOURNE FL 32935 | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete |
| NAME | PAVICK, KIM | |
| STREET ADDRESS | 1335 BERRI PATCH PLACE | |
| CITY-STATE-ZIP | MELBOURNE FL 32935 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GODWIN, JO | |
| STREET ADDRESS | 1335 BERRI PATCH PLACE | |
| CITY-STATE-ZIP | MELBOURNE FL 32935 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ann Welly Revels | |
| STREET ADDRESS | 1335 Berri Patch Place | |
| CITY-STATE-ZIP | Melbourne FL 32935 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

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 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, 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 I am not an officer or director.

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

Ann Welly Revels Treasurer

2-25-02

269-6730

CR2E037 (9/01)