

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**  
 03-22-2000 90056 024 \*\*\*\*61.25

**DOCUMENT # N04740**

1. Entity Name

**SOUTH BREVARD AMATEUR RADIO CLUB, INCORPORATED**

Principal Place of Business

Mailing Address

PO BOX 2205  
 MELBOURNE FL 32902-2205

PO BOX 2205  
 MELBOURNE FL 32902-2205

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

**59-2455310**

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

**NEWKIRK, WILLIAM E.  
 3151 S BABCOCK ST #70  
 MELBOURNE FL 32901**

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

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	VP	<input type="checkbox"/> Delete
NAME	SCHULTZE, DONALD B	
STREET ADDRESS	598 VIOLET AVE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NEWKIRK, WILLIAM E.	
STREET ADDRESS	3151 S BABCOCK ST #70	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ASBURY, NANCY	
STREET ADDRESS	2187 MONTGOMERY RD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUNDY, LAWRENCE	
STREET ADDRESS	1785 VIA ROMA	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, THOMAS	
STREET ADDRESS	3136 ALABAMA DR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD LICHEL	
STREET ADDRESS	6545 CANAL ROAD	
CITY-ST-ZIP	MELBOURNE VILLAGE, FL 32904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN LEAKE	
STREET ADDRESS	702 LYNBROOK ST NW	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIPP HEINZELMAN	
STREET ADDRESS	3305 W. CHARLES DR.	
CITY-ST-ZIP	MELBOURNE, FL 32935	
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:** WILLIAM E. NEWKIRK 1/4/2000 (321) 724-6183  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)