

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO4740

1. Entity Name

SOUTH BREVARD AMATEUR RADIO CLUB, INCORPORATED

Principal Place of Business

PO BOX 2205
MELBOURNE FL 32902-2205

Mailing Address

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LICHTEL, RICHARD
6545 CANAL ROAD
MELBOURNE FL 32904 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
NEWKIRK, WILLIAM E.
3151 S BABCOCK ST #70
MELBOURNE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LEAKE, JOAN
762 LYNBROOK ST NW
PALM BAY FL 32907 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HEINZELMAN, KIPP
3305 W. CHAR DR
MELBOURNE FL 32935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
DANIEL J. CLEMENTE
550 MINOR AVE NE
PALM BAY FL 32907 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KELLY, THOMAS
3136 ALABAMA DR.
MELBOURNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
MARTIN LEAKE
762 LYNBROOK ST NW
PALM BAY FL 32907 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 6, 2001 (321) 768-7020
Date Daytime Phone #

813114



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)