

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-18-2002 90084 017 \*\*\*\*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

00044934

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

DO NOT WRITE IN THIS SPACE

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: **Richard Lichtel**

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

**6545 Canal Rd**

**Melbourne Village FL**

City

**FL**

Zip Code

**32904**

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)

**2/5/2002**

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

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Lichtel, Richard**  
 STREET ADDRESS **6545 canal Rd**  
 CITY-ST-ZIP **Melbourne Village FL 32904**

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

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

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

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

TITLE **T** ☐ Delete  
 NAME **CLEMENTE, DANIEL J.**  
 STREET ADDRESS **550 MINOR AVENUE NE**  
 CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE **D** ☐ Delete  
 NAME **LEAKE, MARTIN**  
 STREET ADDRESS **762 LYNBROOK STREET NW**  
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **O'Connell, Eugene**  
 STREET ADDRESS **473 Turtle Creek**  
 CITY-ST-ZIP **Satellite Beach FL 32937**

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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/2002 321 584 0829**

Date

Daytime Phone #

CR2E037 (9/01)