

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04870

1. Entity Name

NORTH BREVARD OFFICIALS ASSOCIATION, INC.

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-30-2000 90002 005 ****61.25

Principal Place of Business Mailing Address
1560 QUILL COURT 1560 QUILL COURT
TITUSVILLE FL 32796 TITUSVILLE FL 32796
US US

2. Principal Place of Business 3. Mailing Address
1065 N. Carpenter RD 1065 N. Carpenter RD
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Titusville FL Titusville FL
Zip Country Zip Country
32796 USA 32796 USA

4. FEI Number 59-2421721 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
RAUB, DAVID
RAUB, DAVID C.
4387 PONDAPPLE DRIVE
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent
Name Ricky L. CLARK
Street Address (P.O. Box Number is Not Acceptable)
1065 N. Carpenter RD
City Titusville FL Zip Code 32796

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 *Ricky L. Clark* Ricky L. CLARK 7-27-00
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
After September 13, 2000 min. will be \$236.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAUB, DAVID C.	
STREET ADDRESS	4387 PONDAPPLE DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FEE, SANDI	
STREET ADDRESS	3305 DARYL TERRACE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CLARK, RICK	
STREET ADDRESS	1065 N CARPENTER RD	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUB DAVID C.	
STREET ADDRESS	1560 QUILL CT	
CITY-ST-ZIP	Titusville FL 32796	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEE SANDI	
STREET ADDRESS	4770 COCOANOT DR.	
CITY-ST-ZIP	Titusville FL 32780	
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		
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: *Ricky L. Clark* 7-27-00 (321) 267-9995
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (500)