2002 UNIFORM BUSINESS REPORT (UBR)

FILED
03 JAN -7 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # N05822

1. Entity Name

SOUTH BREVARD CIVIC LEAGUE, INCORPORATED

Principal Place of Business	Mailing Address
~~PO BOX 596~~ See change MELBOURNE FL 32902-0596	~~PO BOX 596~~ See change MELBOURNE FL 32902-0596

2. Principal Place of Business		3. Mailing Address	
P. O. Box 771		P O Box 771 Melbourne, FL 32902	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Melbourne, FL		City & State: Melbourne, FL	
Zip: 32901	Country: USA	Zip: 32902	Country: USA

4. FEI Number NOT APPLICABLE ☐ 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
HOPKINS, BENNIE 824 EAST WILLIAMS STREET 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: PD NAME: BRANTLEY, HOMER STREET ADDRESS: 508 EAST WALKER STREET CITY-ST-ZIP: MELBOURNE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 800009994768 01/09/03--01055--027 **61.25
TITLE: VD NAME: HOPKINS, BENNIE STREET ADDRESS: 824 EAST WILLIAMS STREET CITY-ST-ZIP: MELBOURNE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: SD NAME: WILLIAMS, CAROL STREET ADDRESS: 807 COVINA WAY CITY-ST-ZIP: MELBOURNE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: TD NAME: LOCKETT, REV. W.T. STREET ADDRESS: 366 SHEAFE AVENUE CITY-ST-ZIP: PALM BAY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (4/02)

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: ~~HOMER BRANTLEY RETIRED~~ HOMER BRANTLEY 09-26-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
43514
#N05822

September 24, 2002

Dear Sir

Our report was mailed to the wrong address which I know is not an excuse but I am praying the can process this report

Thanks
Homer L. Brantley