

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07934

1. Entity Name

BREVARD ASSOCIATION OF MINIATURISTS, INC.

Principal Place of Business

192 SE 4TH ST
SATELLITE BEACH FL 32937
US

Mailing Address

P O BOX 372739
SATELLITE BEACH FL 32937-0739
US

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

59-2566160

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

BOYD, LINDA
15 DORSET LN
SATELLITE BEACH FL 32937

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

Linda Boyd

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 P ☐ Delete
NAME BOYD, LINDA
STREET ADDRESS 15 DORSET LN
CITY-ST-ZIP SATELLITE BEACH FL 32937

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

TITLE V ☐ Delete
NAME MILLER, CAROLE
STREET ADDRESS 7021 RODES PLACE
CITY-ST-ZIP W MELBOURNE FL

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

TITLE V ☒ Delete
NAME GOLDSMITH, DON
STREET ADDRESS 557 S ORLANDO AVE
CITY-ST-ZIP COCOA BCH FL 32931

TITLE ☐ Change ☒ Addition
NAME Bill Little
STREET ADDRESS 761 FIRST AVE.
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE DT ☒ Delete
NAME ESTLER, ELIZABETH
STREET ADDRESS 527 LEE COURT
CITY-ST-ZIP W MELBOURNE FL 32904

TITLE ☐ Change ☒ Addition
NAME DT DOROTHY DELANEY
STREET ADDRESS 2525 CARMEL RD.
CITY-ST-ZIP INDIAN LANTIC FL 32903

TITLE DS ☒ Delete
NAME MOLLOY, JOANNE
STREET ADDRESS 4565 SWEET BAY AVE
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Change ☒ Addition
NAME DS Gail Seus
STREET ADDRESS 2365 Ophelia LA
CITY-ST-ZIP MELBOURNE FL 32934

TITLE D ☐ Delete
NAME GAILEY, DOLORES
STREET ADDRESS 1607 PARKSIDE PL
CITY-ST-ZIP INDIAN HARBOUR BCH FL

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:

Linda Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90136 024 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)