

2001 UNIFORM BUSINESS FORM

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 32937-7739
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

830 S. ATLANTIC AVE.

Suite, Apt. #, etc.

City & State

COCOA BEACH, FL

City & State

Zip

32931

Country

USA

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 LITTLE, WILLIAM (BILL)

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

761 FIRST AVE

City SATELLITE BEACH, FL

Zip Code

32937

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

William Little

PRESIDENT

2 FEB 01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

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

TITLE	V	☐ Delete
NAME	LITTLE, BILL	
STREET ADDRESS	761 FIRST AVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	

TITLE	DT	☒ Delete
NAME	DELANEY, DOROTHY	
STREET ADDRESS	2525 CARMEL RD	
CITY-ST-ZIP	INDIALANTIC FL 32903	

TITLE	DS	☒ Delete
NAME	SEUS, GAIL	
STREET ADDRESS	2365 OPHELIA LN	
CITY-ST-ZIP	MELBOURNE FL 32934	

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT P	☒ Change ☐ Addition
NAME	LITTLE, BILL	
STREET ADDRESS	761 FIRST AVE	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	

TITLE	1ST VICE-PRESIDENT V	☐ Change ☒ Addition
NAME	HIERBAUM, JOAN	
STREET ADDRESS	1290 HARBOR TOWN CR	
CITY-ST-ZIP	MELBOURNE, FL 32940	

TITLE	2ND VICE-PRESIDENT V	☐ Change ☒ Addition
NAME	THORNTON, JACK	
STREET ADDRESS	327 NAUTICA CT.	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	

TITLE	TREASURER	☐ Change ☒ Addition
NAME	ZWEIGBAUM, REBA DT	
STREET ADDRESS	181 BIMINIA RD	
CITY-ST-ZIP	COCOA BEACH, FL 32931	

TITLE	SECRETARY DS	☐ Change ☒ Addition
NAME	BROOKS, ALICE	
STREET ADDRESS	9020 YORK LANE	
CITY-ST-ZIP	W. MELBOURNE, FL 32904	

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 PRESIDENT

2 FEB 01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)