

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90297 038 ****61.25

DOCUMENT # N07934

1. Entity Name

BREVARD ASSOCIATION OF MINIATURISTS, INC.



Principal Place of Business

**830 S ATLANTIC AVENUE
COCOA BEACH FL 32931
US**

Mailing Address

**P O BOX 372739
SATELLITE BEACH FL 32937-7739
US**

90016862



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2566160**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LITTLE, WILLIAM
761 FIRST AVENUE
SATELLITE BEACH FL 32937**

Name **~~W~~ Bassett, Jenice**
Street Address (P.O. Box Number is Not Acceptable)
937 Bridle Place
Rockledge, FL
City **FL** Zip Code **32955**

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

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

(NOTE: Registered Agent signature required when reinstating)

1/29/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **LITTLE, WILLIAM L**
STREET ADDRESS **761 FIRST AVENUE**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **P** ☒ Change ☐ Addition
NAME **Bassett, Jenice**
STREET ADDRESS **937 Bridle Place**
CITY-ST-ZIP **Rockledge FL 32955**

TITLE **1VP** ☒ Delete
NAME **HIERBAUM, JOAN**
STREET ADDRESS **1290 HARBOR TOWN CO**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Change ☐ Addition
NAME **Not Filled**
STREET ADDRESS
CITY-ST-ZIP

TITLE **2VP** ☐ Delete
NAME **SEUS, GAIL**
STREET ADDRESS **2365 OPHELIA LANE**
CITY-ST-ZIP **MELBOURNE FL 32934**

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

TITLE **DT** ☐ Delete
NAME **LITTLE, VICKI**
STREET ADDRESS **761 FIRST AVE**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

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

TITLE **DS** ☒ Delete
NAME **BROOKS, ALICE**
STREET ADDRESS **9020 YORK LANE**
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **DS** ☒ Change ☐ Addition
NAME **Brennan, Louise**
STREET ADDRESS **360 Carissa Drive**
CITY-ST-ZIP **Satellite Beach FL 32937**

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:

Jenice Bassett
Signature, typed or printed name of signing officer or director

1/29/03
Date

CR2E037 (10/02)