

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16184

1. Entity Name

JAZZ SOCIETY OF BREVARD, INC.

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

06-30-2000 90007 047 ****61.25

Principal Place of Business	Mailing Address
C/O HELEN INGLISS 655 CAIMAN ST SATELLITE BEACH FL 32937 US	C/O HELEN INGLISS 655 CAIMAN ST SATELLITE BEACH FL 32937-3403 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2832534	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INGLISS, HELEN 655 CAIMAN ST 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D INGLISS, HELEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	655 CAIMAN ST	NAME	
STREET ADDRESS	SATELLITE BEACH FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D SCOTT, STONEWELL J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 100293 N/A	NAME	
STREET ADDRESS	PALM BAY FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD MCDEAMID, EMMA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 72894 N/A	NAME	
STREET ADDRESS	SATELLITE BEACH FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CROWLEY, GAIL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	246 COUNTRY CLUB DR	NAME	
STREET ADDRESS	MELBOURNE FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD MONTMINY, EDWARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1330 LESLIE DR	NAME	
STREET ADDRESS	MERRITT ISLAND FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 6/27/00 321-454-3739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 1037 (9/99)