

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18994

1. Entity Name

**AIDS EDUCATION GUIDANCE INFORMATION AND SUPPORT
GROUP OF BREVARD (AEGIS/BREVARD), INC.**

Principal Place of Business

Mailing Address

06 JOHNSON
HAWTHORNE FL 32640

P.O. BOX 549
HAWTHORNE FL 32640

2. Principal Place of Business

6850-221st So. E.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hawthorne FL

City & State

Zip

32640

Country

USA

Zip

Country

4. FEI Number

59-2879267

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

Name

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

City

FL

Zip Code

SNOWDEN, LOIS
3817 SO E. 122ND TERRACE
GAINESVILLE FL 32641

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
SNOWDEN, LOIS
3817 SE 122ND TERR
GAINESVILLE FL 32601

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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D
BRANAGAN, ALICIA J
125 HIDDEN LAKE TR.
HAWTHORNE FL 32640

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3817 SO E. 122ND TERRACE
GAINESVILLE FL 32641

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90169 030 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)

12 March 352
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