

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19956

1. Entity Name

SOUTH BREVARD AQUATICS, INC.

Principal Place of Business

118 E FEE AVE  
MELBOURNE FL 32900  
US

Mailing Address

POB 927  
MELBOURNE FL 32902-0927  
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

59-2793916

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

WHITE, CYNTHIA  
710 PEMBROKE AVE NE  
PALM BAY FL 32907

Name  
Nancy Brennan

Street Address (P.O. Box Number is Not Acceptable)  
1129 Peacock Ave NE

City  
Palm Bay

FL

Zip Code  
32907

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 Mary E. Brennan - Secretary, Director

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

(NOTE: Registered Agent signature required when reinstating)

3/20/00  
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 ☐ Delete  
NAME T  
STREET ADDRESS HALSEMA, ELIZABETH  
CITY-ST-ZIP 857 ROGER AVE NW  
PALM BAY FL 32907

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS SHIVER, KATHLEEN  
CITY-ST-ZIP 250 PELICAN DR  
NE PALM BAY FL 32907

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS BRENNAN, NANCY  
CITY-ST-ZIP 1129 PEACOCK AVE NE  
PALM BAY FL

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

TITLE ☒ Delete  
NAME C  
STREET ADDRESS DEVINE, PAM  
CITY-ST-ZIP 271 SAND DOLLAR RD  
INDIALONTIC FL 32902

TITLE ☐ Change ☒ Addition  
NAME C  
STREET ADDRESS Oliva, Jami  
CITY-ST-ZIP 1341 Arion Ave NE  
Palm Bay, FL 32907

TITLE ☒ Delete  
NAME C  
STREET ADDRESS SCONE, JACKIE  
CITY-ST-ZIP 7660 NW OAK ST  
W MELBOURNE FL 32904

TITLE ☐ Change ☒ Addition  
NAME C  
STREET ADDRESS Smyth, Pat  
CITY-ST-ZIP 814 Chelsea Ave NE  
Palm Bay, FL 32905

TITLE ☐ Delete  
NAME D  
STREET ADDRESS JOINER, STEVE  
CITY-ST-ZIP 325 CALCUTTA NW  
PALM BAY FL 32907

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:

Mary E. Brennan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00  
Date

321-768-8577  
Daytime Phone #

CR2E037 (9/99)