

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90001 023 ****61.25

DOCUMENT # N19956

1. Entity Name

SOUTH BREVARD AQUATICS, INC.

Principal Place of Business

Mailing Address

118 E FEE AVE
 MELBOURNE FL 32290
 US

POB 927
 MELBOURNE FL 32902
 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

BRENNAN, NANCY
1129 PEACOCK AVE NE
PALM BAY FL 32907

Name

Jami E. Oliva

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

1341 Arinton 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 *Jami Oliva*
Jami Oliva Sec./Director

4/27/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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	T	<input checked="" type="checkbox"/> Delete
NAME	HALSEMA, ELIZABETH	
STREET ADDRESS	857 ROGER AVE NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHIVER, KATHLEEN	
STREET ADDRESS	250 PELICAN DR	
CITY-ST-ZIP	NE PALM BAY FL 32907	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRENNAN, NANCY	
STREET ADDRESS	1129 PEACOCK AVE NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	OLIVA, JAMI	
STREET ADDRESS	1341 ARINTON AVE NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	C	<input type="checkbox"/> Delete
NAME	SMYTH, PAT	
STREET ADDRESS	814 CHELSEA AVE NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOINER, STEVE	
STREET ADDRESS	325 CALCUTTA NW	
CITY-ST-ZIP	PALM BAY FL 32907	

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Halsema	
STREET ADDRESS	857 Roger AVE NW	
CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shiver, Kathleen	
STREET ADDRESS	250 Pelican Dr.	
CITY-ST-ZIP	NE Palm Bay, FL 32907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Ratliff	
STREET ADDRESS	280 Grant Rd	
CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jami Oliva*
Jami Oliva

4/27/01

321-951-2113

CR2E037 (10/00)