

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21166

1. Entity Name

PARENT TO PARENT OF NORTH BREVARD, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90047 023 ****70.00

Principal Place of Business

Mailing Address

C/O TESS O'DONNELL
5946 DEER LANE
COCOA FL 32927
US

C/O TESS O'DONNELL
5946 DEER LANE
COCOA FL 32927-9031
US

2. Principal Place of Business

3. Mailing Address

C/O Sue Cannon

Suite, Apt. #, etc.
2175 N. Wickham Rd.

City & State
Melbourne, FL

Zip
32935

Country
USA



DO NOT WRITE IN THIS SPACE

City & State
Melbourne, FL

4. FEI Number
59-2837841

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

CELESTE R O'DONNELL
5946 DEEP LN
COCOA FL 32927

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. ☐

\$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	VDSD	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, THERESA	
STREET ADDRESS	2945 ELMWOOD COURT	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'DONNELL, CELESTE	
STREET ADDRESS	5946 DEER LANE	
CITY-ST-ZIP	COCOA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WATTS, KATHY	
STREET ADDRESS	510 ELEANOR STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Gerhouser	
STREET ADDRESS	2175 N. Wickham Rd	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue Cannon	
STREET ADDRESS	2175 N. Wickham Rd	
CITY-ST-ZIP	Melbourne, FL, 32935	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ute Striker	
STREET ADDRESS	2175 N. Wickham Rd	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jamie N Barr	
STREET ADDRESS	2175 N. Wickham Rd	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Jamie N. Barr DATE: 4/28/00 DAYTIME PHONE: 321-779-0509

CR2E037 (9/99)