

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90094 042 ****70.00

DOCUMENT # N22026

1. Entity Name

BREVARD CHAPTER OF THE FLORIDA ASSOCIATION OF MO

Principal Place of Business

Mailing Address

C/O BILL LEVY
408 E. STRAWBRIDGE
MELBOURNE FL 32901
US

PO BOX 6477
TALLAHASSEE FL 32314-6477
US

B0105933



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3124070

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRIDGES, LORENE
1282 PAUL RUSSELL RD
TALLAHASSEE FL 32301

Name
KAREN J WARDLELL-SMITH

Street Address (P.O. Box Number is Not Acceptable)
1292 CEDAR CENTER DR.

City
TALLAHASSEE FL Zip Code
32301

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 KAREN J WARDLELL-SMITH

Karen J Wardlell-Smith

8/7/00

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

After September 13, 2000 min. will be \$236.25

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
D
HEMPFLING, JOHN
STREET ADDRESS
3535 N HWY 1
CITY-ST-ZIP
COCOA FL ☐ Delete

TITLE
NAME
P E D
PAUL M MAREK
STREET ADDRESS
6767 N. WICKHAM RD. SUITE 400
CITY-ST-ZIP
MELBOURNE, FL 32940 ☐ Change ☒ Addition

TITLE
NAME
VD
BROWER, NANCY
STREET ADDRESS
200 BREVARD AVE
CITY-ST-ZIP
COCOA FL 32922 ☐ Delete

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

TITLE
NAME
P E D
WORKMAN, RITCH
STREET ADDRESS
3590 N HARBOR CITY BLVD
CITY-ST-ZIP
MELBOURNE FL 32935 ☐ Delete

TITLE
NAME
D ☒ Change ☐ Addition

TITLE
NAME
PD
LEVY, BILL
STREET ADDRESS
408 E STRAWBRIDGE AVE
CITY-ST-ZIP
MELBOURNE FL ☒ Delete

TITLE
NAME
S D
LIZ MENTZER
STREET ADDRESS
1851 PALM BAY RD. N.E.
CITY-ST-ZIP
PALM BAY, FL 32905 ☐ Change ☒ Addition

TITLE
NAME
TD
WRIGHT, B. J.
STREET ADDRESS
100 RAILTO PLACE, SUITE 750
CITY-ST-ZIP
MELBOURNE FL ☐ Delete

TITLE
NAME
VPD
SHAWN CROUCH
STREET ADDRESS
1800 W. HIBISCUS BLVD. STE 124
CITY-ST-ZIP
MELBOURNE, FL 32901 ☐ Change ☒ Addition

TITLE
NAME
SD
WORKMAN, TIFFANIE
STREET ADDRESS
3590 N HARBOR CITY BLVD
CITY-ST-ZIP
MELBOURNE FL 32935 ☒ Delete

TITLE
NAME
VPD
PAUL REEKE
STREET ADDRESS
1600 W. BAUGMAN BLVD STE. 100
CITY-ST-ZIP
MELBOURNE, FL 32935 ☐ Change ☒ Addition

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:

B. J. Wright B. J. WRIGHT (TD) 9-1-00 321-7222610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)