

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90086 044 *****70.00

DOCUMENT # N22026

1. Entity Name

**BREVARD CHAPTER OF THE FLORIDA ASSOCIATION OF MO
 RTGAGE BROKERS, INC.**

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

2. Principal Place of Business

6767 N. WICKHAM ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite 400

City & State

MELBOURNE, FLORIDA

Zip

32940

Country

BREVARD

Zip

Country

4. FEI Number

59-3124070

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

**WORDELL-SMITH, KAREN
 1292 CEDAR CENTER DR
 TALLAHASSEE FL 32301**

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	HEMPFLING, JOHN	
STREET ADDRESS	3535 N HWY 1	
CITY-ST-ZIP	COCOA FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROWER, NANCY	
STREET ADDRESS	200 BREVARD AVE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	PED	<input checked="" type="checkbox"/> Delete
NAME	MAREK, PAUL M	
STREET ADDRESS	6767 N WICKHAM RD SUITE 400	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CROUCH, SHAWN	
STREET ADDRESS	400 E MERRITT AVE, SUITE F	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, B. J.	
STREET ADDRESS	100 RAILTO PLACE, SUITE 750	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MENTZER, LIZ	
STREET ADDRESS	1153 MALARBAR RD NE SUITE 20	
CITY-ST-ZIP	PALM BAY FL 32907	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL M. MAREK	
STREET ADDRESS	6767 N. WICKHAM Rd. STE. 400	
CITY-ST-ZIP	MELBOURNE, FL. 32940	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY E. BROWER	
STREET ADDRESS	200 BREVARD AVE	
CITY-ST-ZIP	COCOA, FL. 32922	
TITLE	PRESIDENT Elect/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL REECE	
STREET ADDRESS	1600 W. EARL GALLIE BLVD STE 100	
CITY-ST-ZIP	MELBOURNE, FL. 32935	
TITLE	Treasurer.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAWN CROUCH	
STREET ADDRESS	400 E MERRITT AVE. Suite F	
CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	
TITLE	Secretary.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM WEST MORELAND	
STREET ADDRESS	749 PineTree Drive	
CITY-ST-ZIP	Indian Harbour Bch, FL. 32937	
TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY HIGGINS	
STREET ADDRESS	6767 N. WICKHAM Rd Ste 400	
CITY-ST-ZIP	MELBOURNE FL. 32940	

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:

PAUL M. MAREK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02 321-254-7847
 Date Daytime Phone #

CR2E037 (9/01)