


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**  
05-05-2003 90813 001 \*\*\*211.25

0007129

<b>DOCUMENT # N22026</b>					
1. Entity Name <b>BREVARD CHAPTER OF THE FLORIDA ASSOCIATION OF MO RTGAGE BROKERS, INC.</b>					
Principal Place of Business <b>6767 N WICKHAM RD STE 400 MELBOURNE FL 32940 US</b>		Mailing Address <b>PO BOX 6477 TALLAHASSEE FL 32314-6477 US</b>			
2. Principal Place of Business		3. Mailing Address <b>1520 N. Wickham Rd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Melbourne, Fl</b>		4. FEI Number <b>59-3124070</b>	
Zip		Zip <b>32935</b>		Country <b>USA</b>	
Country		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WORDELL-SMITH, KAREN 1292 CEDAR CENTER DR TALLAHASSEE FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MAREK, PAUL M 6767 N WICKHAM STE 400 MELBOURNE FL 32940</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Reece, Paul W. 1520 N. Wickham Road Melbourne, Fl 32935</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWER, NANCY 200 BREVARD AVE COCOA FL 32922</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PED Jon Turla 200 Brevard Ave Cocoa, Fl 32922</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PED REECE, PAUL 1600 W EAY GALLIE BLVD STE 100 MELBOURNE FL 32935</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Kim WestMoreland 96 Willard Street Cocoa, FL 32922</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CROUCH, SHAWN 400 E MERRITT AVE, SUITE F MERRITT ISLAND FL 32953</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Marek, Paul M. 6767 N. Wickham Ste 400 Melbourne, Fl 32940</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WEST MORELAND, KIM 749 PINE TREE DRIVE INDIAN HARBOUR BLVD FL 32937</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HIGHLAND, TERRY 6767 N WICKHAM RD STE 400 MELBOURNE FL 32940</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 321-255-7310

Date Daytime Phone #

CR2E037 (10/02)