

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23769

1. Entity Name

SOUTH BREVARD BRANCH 366, FLEET RESERVE ASSOCIAT

Principal Place of Business

2190 WILSON LANE
MALABAR FL 32950
US

Mailing Address

2190 WILSON LANE
MALABAR FL 32950
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

59-1834221

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

MEISNER, ELMER C
733 ROSE AVE
SEBASTIAN FL 32958

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
S	WIESE, DANAL C	2190 WILSON LANE	MALABAR FL 32950	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	BEATTY, ROBERT J	502 N RIVER OAKS DR	INDIALANTIC FL 32903	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	MEISER, ELMER C S	733 ROSE AVE	SEBASTIAN FL 32937	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	BELL, GERALD W	P.O. BOX 500129 N/A	MALABAR FL 32950-0129	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	COLLIE, VAN B JR	203 SAND PINE RD	INDIALANTIC FL 32903-2117	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	TRAVIS, BEVAN E	420 SEABREEZE DR	INDIALANTIC FL 32903-4124	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90007 021 ****61.25

942230



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)