

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90398 019 ****61.25

DOCUMENT # N23769

1. Entity Name

SOUTH BREVARD BRANCH 366, FLEET RESERVE ASSOCIATION, INCORPORATED



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

4. FEI Number **59-1834221**

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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	
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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:

[Signature] **REQUIRED C WIESE**

3/7/03

(321) 9840701

CR2E037 (10/02)