

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31807

1. Entity Name

BREVARD CARIBBEAN AMERICAN SPORTS AND CULTURAL A

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90017 017 ****70.00

Principal Place of Business

Mailing Address

P O BOX 100716
PALM BAY FL 32910-0716
US

P O BOX 100716
PALM BAY FL 32910-0716
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

NOT APPLICABLE

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

MCCALLA, DOROTHY
1683 FAIRFIELD CIRCLE NE
PALM BAY FL 32905

Name

Bernadette Joseph

Street Address (P.O. Box Number is Not Acceptable)

419 Beauregard Ave. NE

City

Palm Bay,

FL

Zip Code

32907

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.

Bernadette Joseph (Secretary)

1/28/2000

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	☐ Delete
NAME	MCCALLA, LAWRENCE	
STREET ADDRESS	927 MARIPOSA DR NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VD	☐ Delete
NAME	DINHAM, ROY	
STREET ADDRESS	1522 BREESE ST. NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	SD	☒ Delete
NAME	MCCALLA, DOROTHY	
STREET ADDRESS	1683 FAIRFIELD CIR. NE.	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	TD	☐ Delete
NAME	TENNANT, GEORGE	
STREET ADDRESS	1305 LERICI ST. NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	CCD	☒ Delete
NAME	MAJEED, AU	
STREET ADDRESS	876 HUNTERS CREEK RD	
CITY-ST-ZIP	WEST MELBORNE FL	
TITLE	PD	☐ Delete
NAME	DUDLEY, ANDERSON	
STREET ADDRESS	311 NOGALES AVE NE	
CITY-ST-ZIP	PALM BAY FL	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	☒ Change ☐ Addition
NAME	JOSEPH, BERNADETTE	
STREET ADDRESS	419 Beauregard Ave. NE	
CITY-ST-ZIP	Palm Bay, Fl. 32907	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CCD	☒ Change ☐ Addition
NAME	SAMPSON, DON	
STREET ADDRESS	POBox 61413	
CITY-ST-ZIP	Palm Bay, Fl. 32906	
TITLE		☐ Change ☒ 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:

Lawrence M. McCalla

1/28/2000

407-724-1785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)