

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36435

1. Entity Name

CENTURY 21 BREVARD BROKERS COUNCIL, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90017 003 ****61.25

Principal Place of Business

Mailing Address

971 E. EAU GALLIE BLVD
SUITE D
INDIAN HARBOR BEACH FL 32937
US

971 E. EAU GALLIE BLVD
SUITE D
INDIAN HARBOR BEACH FL 32937-4908
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3011201

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

CLARK, H. L., III
225 5TH AVE
STE 1
INDIALANTIC FL 32903

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

3-20-00

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 PD ☐ Delete
NAME COLEMAN, PERRY J JR
STREET ADDRESS 1090 N. A1A
CITY-ST-ZIP INDIANTLANTIC FL 32907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CLARK, H.L. III
STREET ADDRESS 225 5TH AVE STE 1
CITY-ST-ZIP INDIANTLANTIC FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME LEWIS, L. GENE
STREET ADDRESS 971 E. EAU GALLIE BLVD., SUITE D
CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED Lewis

Date

Daytime Phone #

3-20-00

(407) 779-0210

CR2E037 (9/99)