

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37222

1. Entity Name

Brevard Guardianship Services, Inc.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90103 015 ****61.25

Principal Place of Business Mailing Address
2229 So. Babcock St. P.O. Box 760
Melbourne, FL 32901 Melbourne, FL 32902-0760

00057831

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3029451** Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Thompson, Lynne R.
529 E. New Haven Avenue
Melbourne, FL 32901

7. Name and Address of New Registered Agent
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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Whitley, Barbara		NAME		
STREET ADDRESS	2078 Meadowlane Avenue		STREET ADDRESS	2229 So. Babcock St.	
CITY-ST-ZIP	Melbourne, FL 32904		CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Thompson, Lynne R		NAME		
STREET ADDRESS	529 E. New Haven Avenue		STREET ADDRESS		
CITY-ST-ZIP	Melbourne, FL 32901		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Whittaker, Kenneth A.		NAME		
STREET ADDRESS	1692 W. Hibiscus Blvd.		STREET ADDRESS		
CITY-ST-ZIP	Melbourne, FL 32901		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Nash, Charles I		NAME		
STREET ADDRESS	930 So Harbor City Blvd. #505		STREET ADDRESS		
CITY-ST-ZIP	Melbourne, FL 32901		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Lewis, Father W		NAME		
STREET ADDRESS	606 Mango Drive		STREET ADDRESS		
CITY-ST-ZIP	Melbourne, FL 32951		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)