

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/1

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90220 043 \*\*\*\*61.25

**DOCUMENT # N42754**

1. Entity Name

**FLORIDA ASSOCIATION OF SUICIDOLOGY, INC.**

Principal Place of Business

1425 AURORA ROAD  
SUITE E  
MELBOURNE FL 32935  
US

Mailing Address

1425 AURORA ROAD  
SUITE E  
MELBOURNE FL 32935  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0352775

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

HESTER, HARVEY ALLEN  
1425 AURORA ROAD  
MELBOURNE FL 32935

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 \$81.25**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HESTER, HARVEY ALLEN  
1425 AURORA ROAD  
MELBOURNE FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BURGER, ROBERT T.  
1901 HWY. A1A #6  
INDIAN HARBOUR FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BROCKMAN, WILLIAM G  
698 NW 11TH AVE  
BOCA RATON FL ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CAMERON, MARIE S  
3100 PRUITT RD H-302  
PORT SAINT LUCIE FL 34952 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Howard Reed  
399 W. Palmetto Park Rd., Ste. 206  
Boca Raton, FL 33432 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Terrence Nies  
2465 Wildwood Drive  
Melbourne, FL 32935 ☐ Change ☒ Addition

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 (10/00)