

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
 03-05-2001 90354 029 ****61.25

DOCUMENT # N42826

1. Entity Name

BREVARD AVIATION ASSOCIATION, INC.

Principal Place of Business

% TONY YACONO
 900 AIRPORT RD
 MERRITT ISLAND FL 32952

Mailing Address

% TONY YACONO
 900 AIRPORT RD
 MERRITT ISLAND FL 32952

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

59-3092680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

YACONO, TONY
900 AIRPORT RD
MERRITT ISLAND FL 32952

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

TITLE **VD** ☐ Delete
 NAME **BISHOP, ELIZABETH**
 STREET ADDRESS **230 HICKORY AVE**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **PD** ☐ Delete
 NAME **CHURCHWELL, DOROTHY**
 STREET ADDRESS **1465 POLARIS ST.**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **SD** ☐ Delete
 NAME **DEMME, MARY A**
 STREET ADDRESS **250 S. SYKES CREEK PKWY, #802**
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **TD** ☐ Delete
 NAME **YON, TERRELL M JR.**
 STREET ADDRESS **402 BLAKEY BLVD.**
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)