

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90137 011 \*\*\*\*61.25

**DOCUMENT # N46162**

1. Entity Name

**PORT ST. JOHN/BREVARD COUNTY CHAPTER #4696 OF AM**

Principal Place of Business

6027 CAROIFF AV E  
 COCOA FL 32927  
 US

Mailing Address

6027 CAROIFF AV E  
 COCOA FL 32927  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-1707919**

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

**JO BIGOS, EDWARD**  
**6027 CARDIFF AVE**  
**CARYVILLE FL 32427**

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 **VD** ☐ Delete  
 NAME **BUTLER, WALTER**  
 STREET ADDRESS **PO BOX 249**  
 CITY-ST-ZIP **SHARPES FL 32959**

TITLE **PD** ☐ Change ☒ Addition  
 NAME **MARTIN SULLIVAN**  
 STREET ADDRESS **6280 AINSWORTH RD**  
 CITY-ST-ZIP **COCOA, FL 32927-9107**

TITLE **SD** ☐ Delete  
 NAME **HOSMER, JENNIE**  
 STREET ADDRESS **502 SEACREST AVE**  
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

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

TITLE **TD** ☐ Delete  
 NAME **BIGOS, EDWARD S**  
 STREET ADDRESS **6027 CARDIFF**  
 CITY-ST-ZIP **COCOA FL**

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

TITLE **D** ☒ Delete  
 NAME **FORDE, URSALA**  
 STREET ADDRESS **6300 GOLFVIEW AVE**  
 CITY-ST-ZIP **COCOA FL 32927**

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

TITLE **PD** ☒ Delete  
 NAME **CLAYTON, ANN**  
 STREET ADDRESS **7260 PLUTO AVE**  
 CITY-ST-ZIP **COCOA FL 32927**

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

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:

*Edward J. Bigos*  
**EDWARD J. BIGOS 4-29-01 407-636-7234**

CR2E037 (10/00)