

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49526

1. Entity Name

BREVARD HOME EDUCATORS ASSOCIATION, INC.



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90022 038 ****61.25

Principal Place of Business

Mailing Address

P O BOX 39
 SHARPES FL 32959
 US

P O BOX 39
 SHARPES FL 32959-0039
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3139030

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

DUNN, DAVID L
 40 OGDEN DR
 ROCKLEDGE FL 32955

Name

Same as

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

David L. Dunn Chairman
 David L. Dunn

9-2-00

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 CD ☐ Delete
 NAME DUNN, DAVID
 STREET ADDRESS 40 OGDEN DR
 CITY-ST-ZIP ROCKLEDGE FL 32955

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

TITLE VCD ☐ Delete
 NAME BARRON, WILLIAM L
 STREET ADDRESS 1195 TWO OAKS BLVD
 CITY-ST-ZIP MERRITT ISLAND FL 32952

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

TITLE SD ☐ Delete
 NAME PENA, AYMEE S
 STREET ADDRESS 1145 RANCHERO AVE
 CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE TD ☐ Delete
 NAME BURGER, ROBERT
 STREET ADDRESS 345 BAY POINT DRIVE
 CITY-ST-ZIP MELBOURNE FL 32935

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
 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: *David L. Dunn* Chairman
 David L. Dunn

9-2-00

(321)
 452-2887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)