

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003506

1. Entity Name

CRITICAL INCIDENT STRESS DEBRIEFERS OF BREVARD,

Principal Place of Business

1040 S. FLORIDA AVE.
ROCKLEDGE FL 32955

Mailing Address

1040 S. FLORIDA AVE.
ROCKLEDGE FL 32955-2431

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MONEY, JEFFREY P
1040 SOUTH FLORIDA AVE
ROCKLEDGE FL 32955

4. FEI Number

59-3212100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 PD ☐ Delete
NAME MATTHIAS, MIKE
STREET ADDRESS 3149 DUNHILL DR.
CITY-ST-ZIP COCOA FL 32926

TITLE D ☐ Delete
NAME HECKY, CHERYL
STREET ADDRESS 7055 BRYANT ROAD
CITY-ST-ZIP COCOA FL 32927

TITLE VD ☐ Delete
NAME ASSANTE, ROBERT
STREET ADDRESS 1750 CRANE CREEK BLVD.
CITY-ST-ZIP VIERA FL 32940

TITLE D ☐ Delete
NAME PERRY, ERNEST
STREET ADDRESS 210 JACKSON AVE.
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE D ☒ Delete
NAME MATHIAS, MIKE
STREET ADDRESS 3149 DUNHILL DR
CITY-ST-ZIP COCOA FL 32926

TITLE D ☒ Delete
NAME WEAVER, KATHLEEN
STREET ADDRESS 1270 NORTH BANANA RIVER DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME 218 ANALISA PL
STREET ADDRESS
CITY-ST-ZIP MERRITT ISLAND FL 32953

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

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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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90268 011 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

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