

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005916

1. Entity Name

BREVARD SPACE COAST FLORIDA REGISTRY OF INTERPRE

Principal Place of Business

405 ANCHOR KEY  
MELBOURNE BEACH FL 32951  
US

Mailing Address

405 ANCHOR KEY  
MELBOURNE BEACH FL 32951-2729  
US

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

59-3289886

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

PARYZEK, PEARL  
405 ANCHOR KEY  
MELBOURNE BEACH FL 32951

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	CD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, LOUISE	
STREET ADDRESS	1090 DAYTONA DR. NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HALL, DONNA	
STREET ADDRESS	116 DONALD AVE. N.E.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARYZEK, PEARL	
STREET ADDRESS	405 ANCHOR KEY	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEVIVO, DIANE	
STREET ADDRESS	1006 BEACON ST NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Lange	
STREET ADDRESS	265 Roman Ave.N.E.	
CITY-ST-ZIP	Palm Bay, Fl. 32907	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marie Chmielewski	
STREET ADDRESS	1440 Quince Ave	
CITY-ST-ZIP	Merritt Island, Fl. 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Pearl Paryzek, Treasurer

Date

Daytime Phone #

FILED  
Feb 20, 2000 8:00 am  
Secretary of State

02-20-2000 90043 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)