

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91538 023 ****61.25

DOCUMENT # N94000005916

1. Entity Name

BREVARD SPACE COAST FLORIDA REGISTRY OF INTERPRETERS FOR THE DEAF, INC.

Principal Place of Business

Mailing Address

**675 ROSEWOOD CT
 APT 3A
 INDIAN HARBOUR BEACH FL 32937
 US**

**675 ROSEWOOD CT
 APT 3A
 INDIAN HARBOUR BEACH FL 32937
 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

**GUZMAN, DIANA
 675 ROSEWOOD CT
 APT 3A
 INDIAN HARBOUR BEACH FL 32937**

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 *Diana Guzman, Treasurer*

Diana Guzman

5/1/02

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 **TD**
 NAME **GUZMAN, DIANA**
 STREET ADDRESS **675 ROSEWOOD CT, APT 3A**
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

☐ Delete

TITLE **VD**
 NAME **HARRIS, JAMMI**
 STREET ADDRESS **1450 N. RANGE RD**
 CITY-ST-ZIP **COCOA FL 32922**

☐ Delete

TITLE **PD**
 NAME **REEVES, ALINE**
 STREET ADDRESS **1076 SALLY ST SE**
 CITY-ST-ZIP **PALM BAY FL 32909**

☐ Delete

TITLE **SD**
 NAME **CHMIELEWSKI, MARIE**
 STREET ADDRESS **1440 QUINCE AVE**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME **S/D Dawnella Hudc**
 STREET ADDRESS **4895 Brookhaven St.**
 CITY-ST-ZIP **Port St. John, FL 32937**

☐ Change ☒ Addition

TITLE
 NAME **Sue Antopition**
 STREET ADDRESS **1451 Raslo Circle, N.W.**
 CITY-ST-ZIP **Palm Bay, FL 32907**

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Diana Guzman, Treasurer *5/1/02* *254-2339 ext. 11*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)