

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003356

1. Entity Name

BOYS AND GIRLS CLUB OF BREVARD, INC. ✓

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90158 013 ****61.25

Principal Place of Business

96 WILLARD ST
SUITE 302
COCOA FL 32922

Mailing Address

96 WILLARD ST
SUITE 302
COCOA FL 32922

2. Principal Place of Business

1149 Lake Drive

Suite, Apt. #, etc.

Suite 102-B

City & State

Cocoa, Florida

Zip

32922

Country

Brevard

3. Mailing Address

1149 Lake Drive

Suite, Apt. #, etc.

Suite 102-B

City & State

Cocoa, Florida

Zip

32922

Country

Brevard

4. FEI Number

59-3327787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THERIAC, JAMES S
96 WILLARD ST
SUITE 302
COCOA FL 32922

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

After September 13, 2000 min. will be \$236.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	THERIAC, JAMES S III	
STREET ADDRESS	96 WILLARD ST SUITE 302	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROCK, DAVID	
STREET ADDRESS	1020 US HWY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	KASICA, THOMAS	
STREET ADDRESS	1800 W HIBISCUS BLVD SUITE 128	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	TELLES, ANGEL	
STREET ADDRESS	962 TAMARIND CIR.	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, ART	
STREET ADDRESS	5325 AMY WAY	
CITY-ST-ZIP	MIMS FL 32754	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwards, Art	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Arthur Edwards, President, Board of Directors

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/00 (321)635-9900

CR-ED-7 7/20/00