

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

02-05-2002 90157 005 ****61.25
 09-03-2002 90171 041 ****61.25

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1. Entity Name

BREVARD COUNTY BAR ASSOCIATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

1149 LAKE DRIVE
 SUITE 100
 COCOA FL 32922

1149 LAKE DRIVE
 SUITE 100
 COCOA FL 32922

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

59-2244869

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

FIPPS, ANDELA
 1149 LAKE DR
 SUITE 100
 COCOA FL 32922

Name

Street

Dickey, Judi M. (Program Director)
 1149 Lake Drive, Suite 100
 Cocoa, FL 32922

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Judi M. Dickey
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 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

11.

AD DIRECTORS IN 10

TITLE PD
 NAME CROOKS, KEN ☐ Delete
 STREET ADDRESS 8240 DEVETEUX DRIVE, SUITE 100
 CITY-ST-ZIP MELBOURNE FL 32940

TITLE PD
 NAME Krasny, Scott D. ☒ Change ☐ Addition
 STREET ADDRESS 304 S. Harbor City Blvd., Suite 201
 CITY-ST-ZIP Melbourne, FL 32901

TITLE PE
 NAME RUNMAN, MORGAN L ☐ Delete
 STREET ADDRESS 335 S PLUMOSA STREET, SUITE D
 CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE PED
 NAME Hedman, Jason ☒ Change ☐ Addition
 STREET ADDRESS 101 S. Courtenay Parkway, Suite 201
 CITY-ST-ZIP Merritt Island, FL 32952

TITLE SD
 NAME KRASNY, JOSH ☐ Delete
 STREET ADDRESS 804 S HARBOR CITY BLVD
 CITY-ST-ZIP MELBOURNE FL 32902

TITLE TD
 NAME Harrell, Clarissa E. ☒ Change ☐ Addition
 STREET ADDRESS 33 Suntree Place, Suite D
 CITY-ST-ZIP Melbourne, FL 32940

TITLE VD
 NAME CROOKS, KENNETH C ☐ Delete
 STREET ADDRESS 7380 MURRELL RD., STE 100
 CITY-ST-ZIP MELBOURNE FL 32940

TITLE SD
 NAME Charpentier, Stephen G. ☒ Change ☐ Addition
 STREET ADDRESS 2285 W. Eau Gallie Blvd.
 CITY-ST-ZIP Melbourne, FL 32935

TITLE TD
 NAME HEAMAN, JASON ☐ Delete
 STREET ADDRESS 101 S COURTNEY PKWY, SUITE 201
 CITY-ST-ZIP MERRITT ISLAND FL 32952

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: Clarissa E. Harrell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Clarissa E. Harrell, Treasurer 321-242-6504

CR2E037 (4/02)