2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 09, 2000 8:00 am Secretary of State DOCUMENT # N95000005974 1. Entity Name THE BREVARD SINGLE ADULT CLUB. INC. 02-09-2000 90089 040 ****61.25 Principal Place of Business Mailing Address MARTIN ANDERSEN SR. CEN BREVARD SINGLE ADULT CLUB 1025 S. FLORIDA AVE. P.O. BOX 631 ROCKLEDGE FL 32955 COCOA FL 32923-0631 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3355877 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BhOWENTHAL, SIDNEY Street Address (P.O. Box Number is Not Acceptable) ANDERSON, CHARLES H. 8494 RIDGEWOOD AVENUE **UNIT 4101** CAPE CANAVERAL FL 32920 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. SIDNEY BHOMENT4 HL ature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11, BLUMENTHAL, SIDNEY CR2E037 (9/99 ☐ Delete Change Addition TITLE 240-9 SPRING DR. NAME NAME ANDERSON, CHARLES H. STREET ADDRESS STREET ADDRESS 8494 RIDGEWOOD AVENUE, UNIT #4101 MERRITTISLAND 32953 CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL 32920 PARKEL, FOLAND SR. 58 20 BALTIMO CE AVE ☐ Delete TITLE TITLE NAME NAME **BLUMENTHAL, SIDNEY** STREET ADDRESS STREET ADDRESS 240-9 SPRING DR COCOA EL 32927 CITY_ST-ZIP_ CITY-ST-ZIP MERRITT-ISLAND-FL-32953 ☐ Delete ☐ Change ☐ Addition TITLE TITLE 27 NAME NAME jewell. Henry n STREET ADDRESS STREET ADDRESS 1513 CAMBRIDGE DR CITY-ST-ZIP CITY-ST-ZIE COCOA FL 32922 □ Addition ☐ Change TITLE ☐ Delete TITLE NAME PALMER, LOIS NAME STREET ADDRESS STREET ADDRESS 170 LONG POINT ROAD CITY-ST-7IP CITY-ST-ZIP <u>CAPE CANAVERAL FL 32920</u> Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME BRIGHT, WILLIAM E STREET ADDRESS STREET ADDRESS 1318 STETSON DR. CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32922 TITLE ☐ Delete ☐ Change Addition NAME BOYLE, CHRISTINE H NAME STREET ADDRESS STREET ADDRESS 4684 WOOD STORK DR. CITY-ST-ZIP MERRITT ISLAND FL 32953 12. Thereby 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

changed, or on an attachment with an address, with all other like empowered

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