

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005974

1. Entity Name

THE BREVARD SINGLE ADULT CLUB, INC.

Principal Place of Business

MARTIN ANDERSEN SR. CEN
1025 S. FLORIDA AVE.
ROCKLEDGE FL 32955

Mailing Address

BREVARD SINGLE ADULT CLUB
P.O. BOX 631
COCOA FL 32923-0631
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

59-3355877

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

BHUMENTHAL, SIDNEY
240-9 SPRING DR
MERRITT ISLAND FL 32953

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 P
NAME BHUMENTHAL, SIDNEY
STREET ADDRESS 240-9 SPRING DR
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete

TITLE 1V
NAME ~~PARKER, ROLAND OR~~
STREET ADDRESS ~~5820 BALTIMORE AVE~~
CITY-ST-ZIP ~~COCOA FL 32927~~ ☒ Delete

TITLE 2V
NAME JEWELL, HENRY N
STREET ADDRESS 1513 CAMBRIDGE DR
CITY-ST-ZIP COCOA FL 32922 ☐ Delete

TITLE D
NAME PALMER, LOIS
STREET ADDRESS 170 LONG POINT ROAD
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Delete

TITLE D
NAME BRIGHT, WILLIAM E
STREET ADDRESS 1318 STETSON DR.
CITY-ST-ZIP COCOA FL 32922 ☐ Delete

TITLE D
NAME BOYLE, CHRISTINE H
STREET ADDRESS 4684 WOOD STORK DR.
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE 1V
NAME EUGENIE S. STONE
STREET ADDRESS 1339 FOREST DR. ROCKLEDGE FL. 32931 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Signature of Eugene S. Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01 321/631-7194
Date Daytime Phone #

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90019 008 ****61.25



DO NOT WRITE IN THIS SPACE

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