

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90024 020 ****61.25

DOCUMENT # N95000005974

1. Entity Name

THE BREVARD SINGLE ADULT CLUB, INC.

Principal Place of Business

Mailing Address

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

**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

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

**BHOMENTHAL, SIDNEY
 240-9 SPRING DR
 MERRITT ISLAND FL 32953**

Name **THELMA DANIELS**

Street Address (P.O. Box Number is Not Acceptable)

1692 KEYS GATE DRIVE

MELBOURNE

City

FL

Zip Code

32940

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

Thelma B. Daniels **PRESIDENT**

3-2-02

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	P	<input checked="" type="checkbox"/> Delete
NAME	BHUMENTHAL, SIDNEY	
STREET ADDRESS	240-9 SPRING DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	1V	<input checked="" type="checkbox"/> Delete
NAME	STONE, EUGENE S	
STREET ADDRESS	1339 FOREST DR	
CITY-ST-ZIP	ROCKLEDGE FL 32931	
TITLE	2V	<input type="checkbox"/> Delete
NAME	JEWELL, HENRY N	
STREET ADDRESS	1513 CAMBRIDGE DR	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER, LOIS	
STREET ADDRESS	170 LONG POINT ROAD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGHT, WILLIAM E	
STREET ADDRESS	1318 STETSON DR.	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYLE, CHRISTINE H	
STREET ADDRESS	4684 WOOD STORK DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THELMA DANIELS	
STREET ADDRESS	1692 KEYS GATE DR.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	1ST VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT PARKER	
STREET ADDRESS	5820 BALTIMORE AVE.	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE	2ND VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	

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:

Pauline L. Bennett **Treasurer** **3-4-02** **(321)636-0668**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)