

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003093

1. Entity Name

BREVARD CHAPTER OF FLORIDA OUTREACH PROGRAM, INC

Principal Place of Business

1395 GLENEAGLES WAY  
ROCKLEDGE FL 32955

Mailing Address

1395 GLENEAGLES WAY  
ROCKLEDGE FL 32955-2537

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

59-3387569

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

REICHLEY, THERESA A  
1395 GLENEAGLES WAY  
ROCKLEDGE FL 32955

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 PD ☐ Delete  
NAME REICHLEY, THERESA A  
STREET ADDRESS 1395 GLENEAGLES WAY  
CITY-ST-ZIP ROCKLEDGE FL 32955

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

TITLE SD ☐ Delete  
NAME BROOKLEY, ELIZABETH  
STREET ADDRESS 3575 CEDAR MOUNTAIN AVENUE  
CITY-ST-ZIP MELBOURNE FL 32934

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

TITLE TD ☒ Delete  
NAME KOENIG, DONNA  
STREET ADDRESS 1818 SABAL PALM DRIVE  
CITY-ST-ZIP MELBOURNE FL 32934

TITLE TD ☒ Change ☐ Addition  
NAME Pack, Lisa J.  
STREET ADDRESS 943 Hunter Park Pl  
CITY-ST-ZIP Titusville, FL 32780

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Lisa J. Pack*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(321) 267-3505

FILED  
Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90134 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE