

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003112

1. Entity Name

BREVARD TOGETHER, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90128 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

209 E. MELBOURNE AVENUE  
MELBOURNE FL 32901

P.O. BOX 2082  
MELBOURNE FL 32902-2082

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

59-3383284

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

Name

ROSE D. LAYES

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

1341 CREEL RD NE

City

PALM BAY

FL

Zip Code

32905

BOWERS, RODNEY  
209 E. MELBOURNE AVENUE  
MELBOURNE FL 32901

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

*Rose D. Lays*

CHAIR

1/18/2000

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 CD  
NAME BOWERS, RODNEY  
STREET ADDRESS 209 E. MELBOURNE AVENUE  
CITY-ST-ZIP MELBOURNE FL 32901-5974 ☒ Delete

TITLE CD  
NAME LAYES, ROSE D.  
STREET ADDRESS 1341 CREEL RD NE  
CITY-ST-ZIP PALM BAY FL 32905-3808 ☒ Change ☐ Addition

TITLE VD  
NAME RODRIGUEZ, RENE  
STREET ADDRESS 440 AUDUBON DRIVE  
CITY-ST-ZIP MELBOURNE FL 32901 ☒ Delete

TITLE VD  
NAME BURNETT, JANE ANN  
STREET ADDRESS 4841 SISSON RD  
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Change ☒ Addition

TITLE TD  
NAME REISFELD, ARTHUR  
STREET ADDRESS 803 S. BABCOCK STREET  
CITY-ST-ZIP MELBOURNE FL 32901 ☒ Delete

TITLE TD  
NAME MEDEIROS, JOHN F.  
STREET ADDRESS 289 SOUTH LAUREN COURT  
CITY-ST-ZIP MERRITT ISLAND FL 32952-3607 ☒ Change ☐ Addition

TITLE SD  
NAME TRACY, JACK III  
STREET ADDRESS 229 ELLWOOD AVENUE  
CITY-ST-ZIP SATELLITE BEACH FL 32937 ☒ Delete

TITLE SD  
NAME LLOYD, KEVIN S.  
STREET ADDRESS 1048 GEORGE AVE  
CITY-ST-ZIP ROCKLEDGE FL 32955 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

*Rose D. Lays* REQUIRED D. LAYES

1/18/2000 WK: 321-725-211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #