

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001445

1. Entity Name

BREVARD FERRET LOVERS RESCUE, INC.

Principal Place of Business

Mailing Address

905 SARNO RD, SUITE A
MELBOURNE FL

P O BOX 365077
MELBOURNE FL 32906

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

59-3439848

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

HOLTZ, N CHERYL
905 SARNO RD, SUITE A
MELBOURNE FL

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

N. Cheryl Holtz
N. Cheryl Holtz

(321) 254-4567

3-17-2000

Signature, typed or printed name of registered agent and not 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
NAME GLASER, KEVIN R
STREET ADDRESS 949 BANKS ST NW
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

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

TITLE VPD
NAME DANZIGER, KIM G
STREET ADDRESS 3681 JERICHO DRIVE
CITY-ST-ZIP CASSELBERRY FL 32707 ☒ Delete

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

TITLE SD
NAME GLASER, DEIRDRE G
STREET ADDRESS 949 BANKS STREET NW
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

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

TITLE TD
NAME HOLTZ, N CHERYL
STREET ADDRESS 3118 LONGWOOD BLVD
CITY-ST-ZIP MELBOURNE FL 32934 ☐ Delete

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

TITLE D
NAME DANZIGER, HANS H
STREET ADDRESS 3681 JERICHO DRIVE
CITY-ST-ZIP CASSELBERRY FL 32707 ☒ Delete

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

TITLE VPD
NAME HACKETT, LEE
STREET ADDRESS 2060 MORBECA ST
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ 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:

N. Cheryl Holtz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90006 011 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)