

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001445

1. Entity Name

BREVARD FERRET LOVERS RESCUE, INC.

Principal Place of Business

905 SARNO RD. SUITE A  
MELBOURNE FL

Mailing Address

P O BOX 365077  
MELBOURNE FL 32936-5077

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

210 3118 Longwood Blvd.

Melbourne, FL

32934

US

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME GLASER, KEVIN R ☐ Delete  
STREET ADDRESS 949 BANKS ST NW  
CITY-ST-ZIP PALM BAY FL 32907

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

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

TITLE VPD  
NAME HACKETT, LEE ☐ Delete  
STREET ADDRESS 2080 MORBECA ST  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 25, 2002 8:00 am  
Secretary of State

03-25-2002 90153 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)