

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90266 003 \*\*\*\*\*61.25

**DOCUMENT # N97000001445**

1. Entity Name

**BREVARD FERRET LOVERS RESCUE, INC.**



Principal Place of Business

**905 SARNO RD. SUITE A  
MELBOURNE FL**

Mailing Address

**C/O 3118 LONGWOOD BLVD  
MELBOURNE FL 32934**

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

☐ CHECK HERE IF MAKING CHANGES

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

**Holtz, N. Cheryl**

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

**1692 W. Hibiscus Blvd.**

City

**Melbourne**

**FL**

Zip Code

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**N. Cheryl Holtz** *N. Cheryl Holtz*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-20-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GLASER, KEVIN R	
STREET ADDRESS	<del>949 BANKS ST NW</del>	
CITY-ST-ZIP	<del>PALM BAY FL 32907</del>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GLASER, DEIRDRE G	
STREET ADDRESS	<del>949 BANKS STREET NW</del>	
CITY-ST-ZIP	<del>PALM BAY FL 32907</del>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLTZ, N CHERYL	
STREET ADDRESS	3118 LONGWOOD BLVD	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HACKETT, LEE	
STREET ADDRESS	2060 MORBECA ST	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1972 Laramie Circle	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1972 Laramie Circle	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Required*

**4-21-03 321-723-3352**

CR2E037 (10/02)