

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 98000005187

1. Entity Name

SOUTH BREVARD COMMUNITY DEVELOPMENT CENTER, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90227 040 ****61.25

Principal Place of Business

Mailing Address

2711 SOUTH HARBOR CITY BLVD
MELBOURNE FL 32901

PO BOX 2393
MELBOURNE FL 32902-2393

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

59-354-251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON-LEE, RAYE DR.
2711 SOUTH HARBOR CITY BLVD
MELBOURNE FL 32901

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
SEE 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD JACKSON, ELIZABETH F 2711 S HARBOR CITY BLVD MELBOURNE FL 32901	<input type="checkbox"/>		<input type="checkbox"/>
VPD JACKSON, DR. THOMAS A 2711 S HARBOR CITY BLVD MELBOURNE FL 32901	<input type="checkbox"/>		<input type="checkbox"/>
D LEE, RAYE J 2911 S HARBOR CITY BLVD MELBOURNE FL 32901	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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: *Elizabeth F. Jackson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth F. Jackson

4/27/2000

Date

Daytime Phone #