

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000005187**

1. Entity Name

SOUTH BREVARD COMMUNITY DEVELOPMENT CENTER, INC.

Principal Place of Business

**2711 SOUTH HARBOR CITY BLVD.
MELBOURNE FL 32901**

Mailing Address

**P.O. BOX 2393
MELBOURNE FL 32902-2393**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Vivienne James

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

2711 South Harbor City 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.

SIGNATURE **Vivienne James - Director**

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

(NOTE: Registered Agent signature required when reinstating)

4/25/01

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	<input type="checkbox"/> Delete
NAME	JACKSON, ELIZABETH DR.	
STREET ADDRESS	2711 S. HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	JACKSON, THOMAS DR.	
STREET ADDRESS	2711 S. HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON-LEE, RAYE	
STREET ADDRESS	2711 S. HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	

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CITY-ST-ZIP		

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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		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vivienne James	
STREET ADDRESS	2711 South Harbor City Blvd.	
CITY-ST-ZIP	Nelbourne, FL 32901	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Elizabeth F. Jackson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 321-724-2041

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90194 010 ****61.25

651741

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3544251**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON-LEE, RAYE
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Name

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vivienne James	
STREET ADDRESS	2711 South Harbor City Blvd.	
CITY-ST-ZIP	Nelbourne, FL 32901	

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Date

Daytime Phone #

CR2E037 (10/00)