

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # N99000001367

1. Entity Name

SOUTH BREVARD POP WARNER LITTLE SCHOLARS, INC.

R

FILED
Jun 16, 2000 8:00 am
Secretary of State

05-15-2000 90271 028 ****61.25

Principal Place of Business

Mailing Address

360 EPPING COURT N.E.
PALM BAY FL 32907

360 EPPING COURT N.E.
PALM BAY FL 32907-2227

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

23-1582287

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

HUSKEY, JANINE

360 EPPING COURT N.E.
PALM BAY FL 32907

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME SHUTT, DEBORA L
STREET ADDRESS 1197 SERENADE ST. N.W.
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ Delete
NAME STEWART, JEB
STREET ADDRESS 2381 OAKLYN ST. N.E.
CITY-ST-ZIP PALM BAY FL 32905

TITLE D ☐ Delete
NAME SANDRIDGE, ROCHELLE
STREET ADDRESS 1714 LACOMBE ST. N.W.
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ Delete
NAME HUSKEY, JANINE
STREET ADDRESS 360 EPPING COURT N.E.
CITY-ST-ZIP PALM BAY FL 32907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME Janine Payne
STREET ADDRESS 2196 Trillo Rd SE
CITY-ST-ZIP Palm Bay, FL 32909

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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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

Janine Huskey 6/6/00 (321) 723-2071