

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002987

1. Entity Name

NORTH BREVARD BOATERS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 10:10

Principal Place of Business

4295 HOG VALLEY ROAD
MIMS FL 32754

Mailing Address

4295 HOG VALLEY ROAD
MIMS FL 32754



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5510 Salt Lake Rd.

3. Mailing Address

PO Box 500

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mims FL

City & State

Mims FL

4. FEI Number

59-3587439

Applied For

Not Applicable

Zip

32754

Country

USA

Zip

32754

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STANSELL, DONALD E
4295 HOG VALLEY ROAD
MIMS FL 32754

7. Name and Address of New Registered Agent

Name: Lori A. Clark

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

5510 Salt Lake Rd.

City

Mims

FL

Zip Code

32754

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

Lori A. Clark

Lori A. Clark

President

8-5-00

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

After September 13, 2000 min. will be \$236.25

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	President	<input checked="" type="checkbox"/> Delete
NAME	Donald Stansell	
STREET ADDRESS	4295 Hog Valley Rd	
CITY-ST-ZIP	Mims FL 32754	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	Lori A Clark	
STREET ADDRESS	PO Box 500	
CITY-ST-ZIP	Mims FL 32754	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Frankie Price	
STREET ADDRESS	8227 Baxter Point	
CITY-ST-ZIP	Mims FL 32754	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Brenda Stansell	
STREET ADDRESS	4295 Hog Valley Rd.	
CITY-ST-ZIP	Mims FL 32754	
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lori A. Clark	
STREET ADDRESS	PO Box 500	
CITY-ST-ZIP	Mims FL 32754	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Price	
STREET ADDRESS	8227 Baxter Point	
CITY-ST-ZIP	Mims FL 32754	
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:

Lori A. Clark REQUIRES A. Clark

8-5-00

321-269-3008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #