

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004069

1. Entity Name

CAPITAL PARTNERS OF BREVARD, INC.



Principal Place of Business

1686 WEST HIBISCUS BLVD.
MELBOURNE FL 32901

Mailing Address

1686 WEST HIBISCUS BLVD.
MELBOURNE FL 32901

2. Principal Place of Business

215 Baytree Dr.

3. Mailing Address

215 Baytree Dr.

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Melbourne FL

City & State

Melbourne FL

Zip

32940

Country

Brevard

Zip

32940

Country

Brevard

6. Name and Address of Current Registered Agent

KANCILLIA, JOHN R ESQ.
1686 WEST HIBISCUS BLVD.
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D
KANCILLIA, JOHN R ESQ.
1686 WEST HIBISCUS BLVD.
MELBOURNE FL 32901

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D
ORLANDO, FRED J
180 BRY-LYNN DRIVE
WEST MELBOURNE FL 32904

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D
BRADLEY, DEBORAH A
215 BAYTREE DRIVE SUITE A
MELBOURNE FL 32940

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D
PURYEAR, BRADY
100 RIALTO PLACE SUITE 100
MELBOURNE FL 32901

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Deborah A. Bradley 9/11/00 (321) 255-0088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90018 023 ****61.25



DO NOT WRITE IN THIS SPACE