

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006521

1. Entity Name

H.E.A.R.T. OF BREVARD, INC.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90080 048 ****61.25

Principal Place of Business

Mailing Address

341 LANTERNBACK ISLAND DR.
SATELLITE BEACH FL 32937

341 LANTERNBACK ISLAND DR.
SATELLITE BEACH FL 32937

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

APPLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOENIG, HAROLD P
341 LANTERNBACK ISLAND DR.
SATELLITE BEACH FL 32937

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

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 checked="" type="checkbox"/> Addition
	D, C, P, M				
	HAROLD P. KOENIG	341 LANTERNBACK ISLAND DRIVE	SATELLITE BEACH, FL 32937		
	D, T, S				
	BARBARA A. KOENIG	341 LANTERNBACK ISLAND DRIVE	SATELLITE BEACH, FL 32937		
	D				
	RICHARD A. COTTRELL, SR.	3001 CAVEL STREET	MELBOURNE, FL 32904		
	D				
	DAVID R. BARNHART	891 RIDGE LAKE DRIVE	MELBOURNE, FL 32940		
	D				
	JIM JOHNSON	#124 - 401 HIGHWAY A1A	SATELLITE BEACH, FL 32937		

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:

Harold P. Koenig HAROLD P. KOENIG - 31 JUL 4 2000 (321) 773-0222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (5/00)