

2000 UNIFORM BUSINESS REPORT (UBR)

4/2/2000 10:00 AM

DOCUMENT # N99000006878

1. Entity Name

BREVARD SWIMMING ASSOCIATION BOOSTERS INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-24-2000 90162 003 ****61.25

Principal Place of Business

Mailing Address

P O BOX 541043
MERRITT ISLAND FL 32954

P O BOX 541043
MERRITT ISLAND FL 32954

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 **59-3610118** 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

HEINRICHER, STANLEY G
3865 HICKORY HILL BLVD
TITUSVILLE FL 32780

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>NAME D Stanley Heinricher</p> <p>STREET ADDRESS 3865 Hickory Hill Blvd.</p> <p>CITY-ST-ZIP Titusville FL 32780</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>NAME D Vice-President Marie-France Clusel</p> <p>STREET ADDRESS 1160 Granada Avenue</p> <p>CITY-ST-ZIP Merritt Island, FL 32952</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>NAME D Secretary Brenda Plotkin</p> <p>STREET ADDRESS 4051 Estancia Way</p> <p>CITY-ST-ZIP Melbourne, FL 32934</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>NAME D Treasurer Paula Bernkrant</p> <p>STREET ADDRESS 3225 Spartina Avenue</p> <p>CITY-ST-ZIP Merritt Island, FL 32953</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-2000 (321) 452 73 04

CR2E037 (9/99)