

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006878

1. Entity Name

BREVARD SWIMMING ASSOCIATION BOOSTERS INC.

Principal Place of Business

P O BOX 541043
MERRITT ISLAND FL 32954

Mailing Address

P O BOX 541043
MERRITT ISLAND FL 32954

2. Principal Place of Business

P.O. Box 236444

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 236444

Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Cocoa FL

Zip

Country

32923-6444

USA

Zip

Country

32923-6444

USA

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

HEINRICHER, STANLEY G
3865 HICKORY HILL BLVD
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name Dodds, Joel

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

943 Pelican Lane

City Rockledge

FL

Zip Code

32955

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINRICHER, STANLEY 3865 HICKORY HILL BLVD TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLUSEL, MARIE-FRANCE 1160 GRANADA AVENUE MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLOTKIN, BRENDA 4051 ESTANCIA WAY MELBOURNE FL 32934	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERNKRANT, PAULA 3225 SPARTINA AVENUE MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dodds, Joel 943 Pelican Lane Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Berens, Leslie 913 Nelson Drive Melbourne, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD D'Amico, Trudy 175 Escambia Ln. #706 Cocoa Beach, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01

Date

Daytime Phone #

(321) 784-8385



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)