

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009763

1. Entity Name

THE ALLIANCE OF BREVARD, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 2:52

Principal Place of Business

Mailing Address

~~33B SUNTREE PLACE~~
MELBOURNE FL 32904

~~33B SUNTREE PLACE~~
MELBOURNE FL 32904

2. Principal Place of Business

201 N. RIVERSIDE DR

3. Mailing Address

201 N. RIVERSIDE DR

Suite, Apt. #, etc.

C

Suite, Apt. #, etc.

SUITE C

City & State

INDIALANTIC FL

City & State

INDIALANTIC FL

Zip

32903

Country

U.S.

Zip

32903

Country

US

4. FEI Number

59-3626383

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEALS, ROBERT L
1900 SOUTH HICKORY STREET
SUITE A
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

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

201 N. RIVERSIDE DRIVE

SUITE C

City

INDIALANTIC

FL

Zip Code

32903

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

Robert L. Beals, Registered Agent

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

4-1-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SPRAGINS, STEPHEN H	
STREET ADDRESS	33B SUNTREE PLACE	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CASSELLA, LIZABETH A	
STREET ADDRESS	33B SUNTREE PLACE	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ZIARNO, SUSETTE	
STREET ADDRESS	33B SUNTREE PLACE	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MATARAZZO, PATRICIA	
STREET ADDRESS	33B SUNTREE PLACE	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEALS, ROBERT L	
STREET ADDRESS	4000 S. HICKORY ST., STE. A	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRAGINS, MICHAEL W	
STREET ADDRESS	33B SUNTREE PLACE	
CITY-ST-ZIP	MELBOURNE FL 32904	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	201 N. RIVERSIDE DRIVE SUITE C
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	500004375655-5
CITY-ST-ZIP	04/07/01-01070-003
	****200.00 ****150.00
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	201 N. RIVERSIDE DRIVE SUITE C
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	201 N. RIVERSIDE DRIVE SUITE C
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	201 N. RIVERSIDE DRIVE SUITE C
CITY-ST-ZIP	INDIALANTIC, FL 32903

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Patricia Matrazzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-01 321-259-4834