

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000032938

1. Entity Name L&C Properties of Brevard, Inc.

FILED

02 JUL 17 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1329 Bedford Dr.

3. Mailing Address
1329 Bedford Dr.

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

City & State
Melbourne, Florida

City & State
Melbourne, Florida

4. FEI Number
59-3635462

Applied For
Not Applicable

Zip Country
32940 Brevard

Zip Country
32940 Brevard

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Christopher J. Coleman, Esquire

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

1329 Bedford Dr., Suite 1

City Melbourne FL Zip Code 32940

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

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P, VP, S, T, D
NAME Christopher J. Coleman
STREET ADDRESS 1329 Bedford Dr., Suite 1
CITY-ST-ZIP Melbourne, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000006532200--0
-07/19/02--01056--029
*****26.25 *****26.25

TITLE D
NAME Charles A. Schillinger
STREET ADDRESS 1329 Bedford Drive, Suite 1
CITY-ST-ZIP Melbourne, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Tony Lovett
STREET ADDRESS 290 Quail Drive
CITY-ST-ZIP Merritt Island, FL 32952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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 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 #

Christopher J. Coleman 7/10/02 321-255 3737