

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014712

1. Entity Name

BREVARD COUNTY MULTIPLE LISTING SERVICE, INC.

FILED

Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90036 010 ***158.75

Principal Place of Business

Mailing Address

1450 SARNO ROAD
MELBOURNE FL 32935-5299

1450 SARNO ROAD
MELBOURNE FL 32935-5208

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 59-3354434

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

MURRAY, WENDY E
1450 SARNO ROAD
MELBOURNE FL 32935

Name: Matilda J. Kane

Street Address (P.O. Box Number is Not Acceptable)
1450 Sarno Road

City Melbourne

FL

Zip Code 32935

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 Matilda J. Kane Matilda J. Kane, Association Executive February 11, 2000

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MURRAY, WENDY E
STREET ADDRESS 406 OCEAN AVE.
CITY-ST-ZIP MELBOURNE FL 32951

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME CLARK, BRAIN D
STREET ADDRESS 1460 BAYTREE DR. NE
CITY-ST-ZIP PALM BAY FL 32905

TITLE P
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME PETTY, ALICE S
STREET ADDRESS 5920 SOUTH HWY A1A
CITY-ST-ZIP MELBOURNE BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME AUBUCHON, JUDY
STREET ADDRESS 1097 SOUTH PATRICK DR.
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE T
NAME Perry J. Coleman, Jr.
STREET ADDRESS 1090 North Hwy. A-1-A
CITY-ST-ZIP Indialantic FL 32903 ☐ Change ☒ Addition

TITLE S
NAME BRAY, GALE SUSAN
STREET ADDRESS 1331 S HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PRUITT, JAMES M
STREET ADDRESS 10 SOUTH HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Matilda J. Kane Matilda J. Kane, Assn. Exec. 2/11/00 321/242-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)