

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90060 006 \*\*\*158.75

0119/45 AV

**DOCUMENT # P95000014712**

1. Entity Name

**BREVARD COUNTY MULTIPLE LISTING SERVICE, INC.**

Principal Place of Business

**1450 SARNO ROAD  
 MELBOURNE FL 32935-5299**

Mailing Address

**1450 SARNO ROAD  
 MELBOURNE FL 32935-5299**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

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

**KANE, MATILDA J  
 1450 SARNO ROAD  
 MELBOURNE FL 32935**

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

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, 2002 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 **S** ☒ Delete  
 NAME **DONOVAN, KITTY C**  
 STREET ADDRESS **1575 SARNO ROAD**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Cheryl Ann Alyea**  
 STREET ADDRESS **2194 Hwy. A1A, #310**  
 CITY-ST-ZIP **Indian Harbour Beach FL 32937**

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

TITLE **T** ☐ Change ☒ Addition  
 NAME **Eugene J. Collins**  
 STREET ADDRESS **2191 Julian Drive, NE, Ste 1**  
 CITY-ST-ZIP **Palm Bay FL 32905**

TITLE **D** ☐ Delete  
 NAME **AUBUCHON, JUDY C**  
 STREET ADDRESS **1097 SOUTH PATRICK DRIVE**  
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **D** ☐ Change ☐ Addition  
 NAME **Barbara C. Wall**  
 STREET ADDRESS **777 No. Hwy A1A, Ste 101**  
 CITY-ST-ZIP **Indianalantic FL 32903**

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **Barbara C. Wall**  
 STREET ADDRESS **777 No. Hwy A1A, Ste 101**  
 CITY-ST-ZIP **Indianalantic FL 32903**

TITLE **P** ☐ Delete  
 NAME **PRUITT, JAMES M**  
 STREET ADDRESS **10 SOUTH HARBOR CITY BLVD**  
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Barbara C. Wall**  
 STREET ADDRESS **777 No. Hwy A1A, Ste 101**  
 CITY-ST-ZIP **Indianalantic FL 32903**

TITLE **D** ☐ Delete  
 NAME **COLEMAN, PERRY J**  
 STREET ADDRESS **1090 NORTH HWY. A1A**  
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Barbara C. Wall**  
 STREET ADDRESS **777 No. Hwy A1A, Ste 101**  
 CITY-ST-ZIP **Indianalantic 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:

*Matilda Kane*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

Date

321-242-2211

Daytime Phone #

CR2E034 (9/01)