

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90228 007 \*\*\*150.00

**DOCUMENT # P95000047410**

1. Entity Name

**NORTH BREVARD DEVELOPMENT CORPORATION**

Principal Place of Business

4725 N COURTENAY PKWY  
MERRITT ISLAND FL 32953  
US

Mailing Address

4725 N COURTENAY PKWY  
MERRITT ISLAND FL 32953  
US

2. Principal Place of Business

440 INDIAN BAY BLVD.

Suite, Apt. #, etc.

3. Mailing Address

440 INDIAN BAY BLVD.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

City & State

MERRITT ISLAND, FL

Zip

32953

Country

Zip

32953  
FL

Country

4. FEI Number

59-3322585

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

STRAND, WILLIAM J  
4725 N COURTENAY PKWY  
MERRITT ISLAND FL 32953

Name

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

440 INDIAN BAY BLVD.

City

MERRITT ISLAND, FL

FL

Zip Code

32953

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

WJ Strand William J. STRAND

1-31-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **STRAND, WILLIAM J**  
STREET ADDRESS **4725 N COURTENAY PKWY**  
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE ☒ Change ☐ Addition  
NAME **440 INDIAN BAY BLVD.**  
STREET ADDRESS **MERRITT ISLAND, FL 32953**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

WJ Strand W. J. STRAND

1-31-01

Date

321-459-9911

Daytime Phone #

CR2E034 (10/00)