

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 11, 2000 8:00 am  
Secretary of State

09-11-2000 90017 020 \*\*\*150.00

DOCUMENT # P96000038574

1. Entity Name  
HOT COCOA OF BREVARD, INC.

Principal Place of Business

1450 MORGAN DR  
MERRITT ISLAND FL 32952  
US

Mailing Address

1650 MORGAN DRIVE  
MERRITT ISLAND FL 32952  
US

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 59-3408388

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

MITCHELL, BETTY  
1450 MORGAN DRIVE  
MERRITT ISLAND FL 32952

Name ILETA. JOYCE MORIN

Street Address (P.O. Box Number is Not Acceptable)  
1015 FLOTILLA CLUB DR.

City Indian Harbour Beach, FL Zip Code 32937

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 ILETA. Joyce Morin Sec-Treas.

ILETA. Joyce Morin 8-18-2000

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, PHYLLIS 1563 S ATLANTIC AVE, #6 COCOA BEACH FL 32931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIPTON, MARY LOU 1530 TUNA STREET MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, BETTY 1450 MORGAN DR MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, BESS 420 ISLAND DRIVE MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORIN, ILETA JOYCE MORIN, JOYCE 1015 FLOTILLA CLUB DR INDIAN HARBOUR BEACH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOROWITZ, JERRY 240 MALAGA COURT MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: ILETA. Joyce Morin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-2000 231-773-5680

Date

Daytime Phone

CR2E034 (5/00)

attachment  
P96000038574  
B0105782

pg 2002

August 18, 2000

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re Document # P96000038574  
FEI Number: 59-3408388

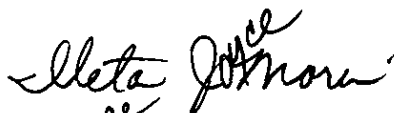
Dear Sirs:

With due respect, we are requesting reconsideration of the amount due as of the second notice. Payment has always been made on notification, but due to the illness of our past treasurer and the loss of the original notice, we find ourselves in a quandary as to how this could have happened.

The group is small, consisting of 5 women ages 63 to 75, who sing at Nursing Homes and we cannot afford \$550.00. We simply do not have it. We've saved the fee of \$150.00, the amount that we've paid these past years. We now have a new Treasurer and hopefully this will not happen again.

If this is not acceptable, please allow us due course in which to pay the remaining amount due.

Thank you,



Ileta J. Morin

Treasurer

Hot Cocoa of Brevard, Inc.

1015 Flotilla Club Drive

Indian Harbour Beach, FL 32937-4210