

2001 UNIFORM BUSINESS REPORT (UBR)

3/2/01

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-02-2001 90025 015 ***150.00

DOCUMENT # P96000038574

1. Entity Name
HOT COCOA OF BREVARD, INC.

Principal Place of Business Mailing Address
1450 MORGAN DR **1450 MORGAN DRIVE**
MERRITT ISLAND FL 32952 **MERRITT ISLAND FL 32952**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1015 FLOTILLA Club Drive **1015 FLOTILLA Club Dr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Indian Harbour Bch Fla. **FLA**
Zip Country Zip Country
32937 **Brevard** **32937** **Brevard**

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
JAYCEMORIN, ILETA **ILETA Joyce Morin**
1015 FLOTILLA CLUB DRIVE **Street Address (P.O. Box Number is Not Acceptable)**
INDIAN HARBOUR BEACH FL 32937 **1015 FLOTILLA Club Drive**
Indian Harbour Bch 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* DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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 <input checked="" type="checkbox"/> Delete	TITLE	Matthe, Judy - President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, PHYLLIS	NAME	370 Lakeview Lane
STREET ADDRESS	1563 S ATLANTIC AVE, #6	STREET ADDRESS	Palm Bay, Fla. 32909
CITY-ST-ZIP	COCOA BEACH FL 32931	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Hazel Toomey <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIPTON, MARY LOU	NAME	DIRECTOR
STREET ADDRESS	1530 TUNA STREET	STREET ADDRESS	15154 Kays Creek
CITY-ST-ZIP	MERRITT ISLAND FL 32952	CITY-ST-ZIP	Merritt Island Fla 32953
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, BETTY	NAME	
STREET ADDRESS	1450 MORGAN DR	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, BESS	NAME	
STREET ADDRESS	420 ISLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	CITY-ST-ZIP	
TITLE	D Treasurer <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIN, JOYCE	NAME	
STREET ADDRESS	1015 FLOTILLA CLUB DR	STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	CITY-ST-ZIP	
TITLE	D Vice President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOROWITZ, JERRY	NAME	
STREET ADDRESS	240 MALAGA COURT	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	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: *ILETA Joyce Morin* **Feb 23 2001 321-723-5680**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayTime Phone #

CR2034 (10/00)