2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000044794 Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State** BREVARD COMMUNITY PRESS, INC. 03-27-2000 90110 019 ***150.00 Mailing Address Principal Place of Business C/O LENOARD SPIELVOGEL C/O LENOARD SPIELVOGEL 101 S COURTENAY PARKWAY 101 S COURTENAY PARKWAY MERRITT ISLAND FL 32952-4855 MERRITT ISLAND FL 32952-4863 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3513335 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIELVOGEL, LEONARD Street Address (P.O. Box Number is Not Acceptable) 101 \$ COURTENAY PARKWAAY MERRITT ISLAND FL 32952-4855 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change Delete TITLE TITLE BARNES, JOHN NAME NAME Palermo, Thomas J. 142 S COURTNEAY PARKWAY 142 So. Courtenay Parkway Merritt Island, Florida 32952 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32952-4855 CITY-ST-ZIP CITY-ST-ZIP STD ☐ Change ☐ Addition TITLE ☐ Delete TITLE HOUSER, CHARLOTTE H NAME NAME 1005 CARRIGAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32952 X Delete ☐ Change Addition TITLE TITLE DOBSON, ROGER NAME NAME 215 BAYTREE DR- STE 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32940 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change GAY, FRED NAME NAME 1825 W. HWY 520 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32926 No Delete TITLE ☐ Change ☐ Addition TITLE GARRISON, LARRY F NAME NAME STREET ADDRESS 21 FAIRWAY DR STREET ADDRESS CITY-ST-ZIP COCOA BCH FL 32931 CITY-ST-7IP **₭** Delete TITLE ☐ Change ☐ Addition TITLE DEARDOFF, BRUCE NAME NAME 1850 E. MERRITT ISLAND CSWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP 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 this an address, with all other like empowered.

E OF SIGNING OFFICER OR DIRECTOR

Thomas J. Palermo

SIGNATURE:

1/5/00

321)454-6302

te Daytime