

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010375

1. Entity Name
BREVARD MANAGEMENT GROUP, INC.

Principal Place of Business Mailing Address
1582 UNIVERSITY LANE, SUITE 709 1582 UNIVERSITY LANE, SUITE 709
COCOA FL 32922 COCOA FL 32922

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 59-3558353 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

ROTTA, CHRISTINE E
1582 UNIVERSITY LANE, SUITE 709
COCOA FL 32922

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 *Christine E. Rotta* 8/30/01
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 \$550.00
After September 12, 2001 Fee 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 PST
NAME ROTTA, CHRISTINE
STREET ADDRESS 1582 UNIVERSITY 709
CITY-ST-ZIP COCOA FL 32922 ☐ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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: *Signature of Christine E. Rotta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/01
Date Daytime Phone #

09-12-2001 90023 049 *****61725
FILED P99000010375
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 PM 2:40



DO NOT WRITE IN THIS SPACE

0116109 AT

CR03034 (5/01)

attachment
0# P99000010375

1562 University Lane #709
Cocoa, FL 32922
September 1, 2001

Division of Corporations
Univorm Business Reprot Filings
P.O. Box 1500
Tallahassee, FL 32301-1502

Dear Sir or Madam:

Enclosed please find check #1912 for the annual report fee for Brevard Management Group, Inc. This check replaces check #1708, which was mailed on April 12, but never cleared. Per telephone instructions from your office, I am sending a new check and another UBR. If you have need further information, please contact me at (321) 632-3871.

Thank you,

Christine Rotta
President
Brevard Management Group, Inc.