

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051267

1. Entity Name

ATLANTIC BREEZE OF CAPE CANAVERAL, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90938 023 ***150.00

Principal Place of Business
69 NORTH ORLANDO AVENUE
COCOA BEACH FL 32931

Mailing Address
69 NORTH ORLANDO AVENUE
COCOA BEACH FL 32931

C0059727



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO BOX 110176
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 110176
Suite, Apt. #, etc.

City & State

Palm Bay FL

City & State

Palm Bay FL

4. FEI Number

65-0936740

Applied For

Not Applicable

Zip

32911-0176

Country

Zip

32911-0176

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, CURTIS R
1221 E NEW HAVEN AVENUE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
HERRING, ANGELA M
PO BOX 110176
PALM BAY FL 32911 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DOROUGH, JOHN
PO BOX 536098
ORLANDO FL 32853 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T/D ☒ Change ☐ Addition
32911-0176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D ☒ Change ☐ Addition
PO BOX 110176
Palm Bay FL 32911-0176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO/D ☐ Change ☒ Addition
DOROUGH, HOWARD
PO BOX 110176
Palm Bay, FL 32911-0176

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)