

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90079 023 \*\*\*\*70.00

**DOCUMENT # 710274**

1. Entity Name

**BREVARD SYMPHONY ORCHESTRA, INC.**

Principal Place of Business

1500 HIGHLAND AVENUE  
 PO BOX 361965  
 MELBOURNE FL 32936-1965

Mailing Address

1500 HIGHLAND AVENUE  
 PO BOX 361965  
 MELBOURNE FL 32936-1965

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1149727**

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

**ALLENDER, JERRY**  
**545 ORA DELL AVE**  
**TITUSVILLE FL 32796**

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

**Jerry Allender**

**April 7, 2000**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

- TITLE **D**  Delete  
 NAME **BEAGLEY, RICAHRD**  
 STREET ADDRESS **3540 PALM LAKE DR**  
 CITY-ST-ZIP **MERRITT ISLAND FL**
- TITLE **CD**  Delete  
 NAME **ALLENDER, JERRY**  
 STREET ADDRESS **545 ORA DELL AVE**  
 CITY-ST-ZIP **TITUSVILLE FL 32796**
- TITLE **D**  Delete  
 NAME **MOLITOR, JUDY**  
 STREET ADDRESS **1171 INDIAN RIVER DR**  
 CITY-ST-ZIP **COCOA FL**
- TITLE **SD**  Delete  
 NAME **MARQUETTE, PEGGIE**  
 STREET ADDRESS **2800 S DORESEY PLACE**  
 CITY-ST-ZIP **MELBOURNE FL 32901**
- TITLE **TD**  Delete  
 NAME **HEDDENS, JAMES**  
 STREET ADDRESS **4547 HELENA DR**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**
- TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

- TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
- TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
- TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
- TITLE  Change  Addition  
 NAME **SD Sherrie Dugan**  
 STREET ADDRESS **3250 Concour's St**  
 CITY-ST-ZIP **Melbourne, FL 32934**
- TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
- TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached address, with all other like empowered.

SIGNATURE:

**Jerry Allender**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jerry Allender**

**April 7, 2000**

Date

Daytime Phone #

CF12E037 (9/99)

**321-269-151**