

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90024 005 ****61.25

DOCUMENT # 758848

1. Entity Name

10 - 13 CLUB OF BREVARD COUNTY, INC.

Principal Place of Business

Mailing Address

P O BOX 2621
 SATELLITE BEACH FL 32937

P O BOX 2621
 SATELLITE BEACH FL 32937

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

59-2166820

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORDOVA, AL~~
~~841 VILLA DR~~
~~MELBOURNE FL 32940~~

Name

STEIN, ROBERT

Street Address (P.O. Box Number is Not Acceptable)

435 NEWPORT DR

City

INDIALANTIC

FL

Zip Code

32903

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 *Robert Stein*
 ROBERT STEIN, PRESIDENT

2-10-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CORDOVA, AL	
STREET ADDRESS	841 VILLA DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTINEZ, WILLIAM R	
STREET ADDRESS	861 FOREST ST NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VECCHI, ANTHONY	
STREET ADDRESS	3606 SANDY CRANE CT	
CITY-ST-ZIP	MELBOURNE F	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEIN, ROBERT	
STREET ADDRESS	435 NEWPORT DR.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, KEVIN	
STREET ADDRESS	945 SONESTA AVE. NE #208	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGEE, JACK E	
STREET ADDRESS	1200 LARCH CIR NE #102	
CITY-ST-ZIP	PALM BAY FL 32905	

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, DONALD	
STREET ADDRESS	790 BECKER AV NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ WILLIAM R.	
STREET ADDRESS	861 FOREST ST NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTEFANI, NESS	
STREET ADDRESS	2891 CHARTRES AV W	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, ROBERT	
STREET ADDRESS	435 NEWPORT DR	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 attachment with an address, with all other like empowered.

SIGNATURE: *Robert Stein*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-00
 Date

956-3205
 Daytime Phone #

CR2E037 (9/99)