

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90038 035 ****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

**STEIN, ROBERT
 435 NEWPORT DR
 INDIALANTIC FL 32903**

Name

~~MIELE, NICHOLAS~~

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

3670 LINNEA RD.

City

MERRIT ISLAND

FL

Zip Code

32952

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

Nicholas C. Miele
NICHOLAS C. MIELE (PRESIDENT)

3/07/02

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 Delete
 NAME **S GIBNEY, JOSEPH**
 STREET ADDRESS **2975 THRUSS DRIVE # 132**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE Change Addition
 NAME **S MARTINEZ, WILLIAM R.**
 STREET ADDRESS **PO BOX 061385 (861 FOREST ST NE)**
 CITY-ST-ZIP **PALM BAY FL 32906**

TITLE Delete
 NAME **D SAVAGE, JAMES P**
 STREET ADDRESS **1108 FLOTTILLA CLUB DRIVE**
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE Change Addition
 NAME **P MIELE, NICHOLAS C**
 STREET ADDRESS **3670 LINNEA RD**
 CITY-ST-ZIP **MERRIT ISLAND FL 32952**

TITLE Delete
 NAME **ESTEFANI, NESS**
 STREET ADDRESS **2891 CHARTRES AVE W**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE Change Addition
 NAME **D BERGSTROM, CARL**
 STREET ADDRESS **910 FOSTORIA DR**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE Delete
 NAME **P STEIN, ROBERT**
 STREET ADDRESS **435 NEWPORT DR.**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE Change Addition
 NAME **T STEIN, ROBERT**
 STREET ADDRESS **435 NEWPORT DR**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE Delete
 NAME **D ALENSKI, JOSEPH G**
 STREET ADDRESS **4881 CADET CIRCLE**
 CITY-ST-ZIP **VIERA FL 32955**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MAGEE, JACK E**
 STREET ADDRESS **1200 LARCH CIR NE #102**
 CITY-ST-ZIP **PALM BAY FL 32905**

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 attachment with an address, with all other like empowered.

SIGNATURE:

William R. Martinez
WILLIAM R. MARTINEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

3/07/02

Date

(321) 725-4939

Daytime Phone #

CR2E037 (9/01)