

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90055 002 \*\*\*\*61.25

**DOCUMENT # N03029**

1. Entity Name

**FLORIDA ANTIQUE BUCKET BRIGADE, INC.**

Principal Place of Business

Mailing Address

% JAMES BRIGGS  
 6855 GREEN SWAMP RD  
 CLERMONT FL 34711  
 US

%JAMES BRIGGS  
 6855 GREEN SWAMP RD  
 CLERMONT FL 34711-8357  
 US

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

**65-0066578**

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

**BRIGGS, JAMES**  
**6855 GREEN SWAMP RD**  
**CLERMONT FL 34711**

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

**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**PD**  
**HALL, JONATHAN**  Delete  
**16160 FOREST GLEN COURT**  
**PUNTA GORDA FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DV**  Delete  
**SULLIVAN, FRANK**  
**5030 SW 173RD WAY**  
**FT LAUDERDALE FL 33331**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DV**  Change  Addition  
**EVANS, LESTER**  
**1315 SYDNEY WASHBURN RD.**  
**SYDNEY FL 33587**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**SD**  Delete  
**BRIGGS, JAMES**  
**6855 GREEN SWAMP ROAD**  
**CLERMONT FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**TD**  Delete  
**DEHOSIER, LARRY**  
**17901 WOOD PATH COURT**  
**PUNTA GORDA FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
**DEHOSIER, LARRY**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

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:

*SIGNATURE REQUIRED*  
**JAMES BRIGGS**

**1-24-00**

**352 394 8709**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE