

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90097 022 ****61.25

DOCUMENT # N94000004241

1. Entity Name

BRCH PROPERTIES, INC.

Principal Place of Business

**800 MEADOWS RD.
BOCA RATON FL 33486**

Mailing Address

**800 MEADOWS RD.
BOCA RATON FL 33486**

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

59-3298309

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MCGIBANY, SUSIE
800 MEADOWS RD
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **PHILIP M. SPRINKLE, II, ESQ.**Street Address (P.O. Box Number is Not Acceptable)
800 MEADOWS ROAD**BOCA RATON COMMUNITY HOSPITAL**City **BOCA RATON** FL Zip Code **33486**

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

TITLE **D** ☐ Delete
NAME **PIERCE, RANDOLPH J**
STREET ADDRESS **800 MEADOWS RD.**
CITY-ST-ZIP **BOCA RATON FL 33486**TITLE **D** ☒ Delete
NAME **MCGIBANY, SUSIE**
STREET ADDRESS **800 MEADOWS RD.**
CITY-ST-ZIP **BOCA RATON FL 33486**TITLE **D** ☐ Delete
NAME **OSBORNE, A.E.**
STREET ADDRESS **800 MEADOWS RD.**
CITY-ST-ZIP **BOCA RATON FL 33486**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **MATTHEW A. MOORE**
STREET ADDRESS **800 MEADOWS ROAD**
CITY-ST-ZIP **BOCA RATON, FL 33486**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

PHILIP M. SPRINKLE, II, ESQ.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-15-01 (561) 395-7100**
Date Daytime Phone #

CR2E037 (10/00)