

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051558

1. Entity Name  
**BROUGHTON MANAGEMENT, INC.**

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90036 031 \*\*\*150.00

Principal Place of Business      Mailing Address  
1516 EAST HILLCREST STREET #210      912 BAY GROVE RD  
ORLANDO FL 32803      FREEPORT FL 32439-4811  
US

2. Principal Place of Business      3. Mailing Address  
**912 Bay Grove Rd.**      Suite, Apt. #, etc.

City & State      Country  
**Freeport, FL**      **USA**  
Zip      32439

City & State      Country  
Zip

4. FEI Number      Applied For  
**59-3407596**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KERNEY, THOMAS F**  
1516 EAST HILLCREST STREET #210  
ORLANDO FL 32803

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROUGHTON, DAN H</b>	
STREET ADDRESS	<b>618 BUTLER STREET</b>	
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROUGHTON, SHEILA A</b>	
STREET ADDRESS	<b>618 BUTLER STREET</b>	
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>912 Bay Grove Rd.</b>	
CITY-ST-ZIP	<b>Freeport, FL 32439</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>912 Bay Grove Rd.</b>	
CITY-ST-ZIP	<b>Freeport, FL 32439</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name does not appear on Block 1 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dan H. Broughton**      **Dan H. Broughton**      **4/03/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Office Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)