

2000 UNIFORM BUSINESS REPORT (UBR)

0093513

DOCUMENT # S81730

1. Entity Name
BROAD AND CASSEL, P.A.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
390 NORTH ORANGE AVENUE
#1100
ORLANDO FL 32801

Mailing Address
390 NORTH ORANGE AVENUE
#1100
ORLANDO FL 32801-1641



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3389763		Applied For	
Suite, Apt., #, etc.		Suite, Apt., #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
B&C CORPORATE SERVICES OF CENTRAL FL INC 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO FL 32801				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition			
NAME	BISHOP, KEN C		NAME				
STREET ADDRESS	390 N. ORANGE AVE., SUITE 110		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP				
TITLE	AS	☐ Delete	TITLE	☐ Change ☐ Addition			
NAME	RUSSELL, KIM R.		NAME				
STREET ADDRESS	390 N. ORANGE AVE., SUTIE 1100		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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****150.00 ****150.00

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 appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. KEN BISHOP, DIRECTOR 1-5-00 407-839-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2 034 (3/99)