

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90008 010 \*\*\*150.00

DOCUMENT # V62217

1. Entity Name

**BROUSSARD & CONDRY, P.A.**

Principal Place of Business

Mailing Address

20 N ORANGE AVE  
 STE 1108  
 ORLANDO FL 32801

20 N ORANGE AVE  
 STE 1108  
 ORLANDO FL 32804-6801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

445 West Colonial Dr.  
 Suite, Apt. #, etc.

3. Mailing Address

445 West Colonial Dr.  
 Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3140231

Applied For

Not Applicable

Zip 32804 Country US

Country US

Zip 32804 Country US

Country US

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

BROUSSARD, MICHAEL  
~~20 N ORANGE AVE~~  
~~STE 1108~~  
~~ORLANDO FL 32801~~

Name

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

445 West Colonial Drive

City

Orlando

FL

Zip Code

32804

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROUSSARD, MICHAEL	
STREET ADDRESS	<del>20 N ORANGE AVE #1108</del>	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONDY, W. JAMES II	
STREET ADDRESS	<del>20 N ORANGE AVE #1108</del>	
CITY-ST-ZIP	ORLANDO FL	
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		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	445 West Colonial Drive
CITY-ST-ZIP	Orlando, FL 32804
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	445 West Colonial Drive
CITY-ST-ZIP	Orlando, FL 32804
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 appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. James Condy II 3/15/00 407-649-8717

CR2E034 (9/99)