

2001 UNIFORM BUSINESS REPORT (UBR)

0454983

DOCUMENT # 286564

1. Entity Name

BRIERWOOD BUILDERS, INC.

APPROVED
AND
FILED

01 APR -6 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O PHILIP SELBER
50 N. LAURA ST. #3900
JACKSONVILLE FL 32202

Mailing Address

C/O PHILIP SELBER
P.O. BOX 52687
JACKSONVILLE FL 32201-2687

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1060661

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SELBER, PHILIP
50 N. LAURA ST. SUITE 3900
JACKSONVILLE FL 32202

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

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, 2001 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

T
NAME BERNARD, EDWARD E
STREET ADDRESS 50 N. LAURA ST. SUITE 3900
CITY-ST-ZIP JACKSONVILLE FL 32202 ☒ Delete

T
NAME Kupperman, Fred
STREET ADDRESS 8339 Daffin Lane
CITY-ST-ZIP Jacksonville, FL 32217 ☒ Change ☐ Addition

D
NAME SETZER, LEONARD R.
STREET ADDRESS 2623 FOREST CIRCLE CT.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

000003962670--0
-04/06/01--01057--007
****150.00 ☐ Change ☐ Addition

VD
NAME KRAMER, MIRIAM
STREET ADDRESS 6000 SAN JOSE BLVD 801
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

SD
NAME SELBER, LEONARD A.
STREET ADDRESS 959 MAPLE LN
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

VD
NAME FLETCHER, JULIUS
STREET ADDRESS 4041 BARCELONA AVE.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

PD
NAME SELBER, PHILIP
STREET ADDRESS 50 N. LAURA STREET SUITE 3900
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)