

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90334 029 ***150.00

DOCUMENT # 286564

1. Entity Name
BRIERWOOD BUILDERS, INC.

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

818 Hwy A1A North
 Suite, Apt. #, etc.
Suite 205

3. Mailing Address

818 Hwy A1A North
 Suite, Apt. #, etc.
Suite 205

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32082-3297

Country

USA

Zip

32082-3297

Country

USA

4. FEI Number

59-1060661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SELBER, PHILIP

50 N. LAURA ST. SUITE 3900
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Leonard A. Selber

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

818 Hwy A1A North, Suite 205

City

Ponte Vedra Beach FL

Zip Code

32082

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

Leonard A. Selber

Leonard A. Selber 4-15-02

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, 2002 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 ☐ Delete
 NAME **T**
 STREET ADDRESS **KUPPERMAN, FRED**
 CITY-ST-ZIP **8339 DAFFIN LANE**
JACKSONVILLE FL 32217

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **SIT**

TITLE ☒ Change ☐ Addition
 NAME **DIV**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Kupperman, Marilyn**
 CITY-ST-ZIP **8339 Daffin Lane**
Jacksonville, FL 32217

TITLE ☒ Change ☐ Addition
 NAME **P/D**
 STREET ADDRESS **818 Hwy A1A North, Suite 205**
 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE ☐ Change ☒ Addition
 NAME

TITLE ☐ Change ☒ Addition
 NAME

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:

Leonard A. Selber

President

4-15-02

(904)285-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)