

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 328506

1. Entity Name

BRANDON COMMERCIAL CENTERS, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90063 044 \*\*\*150.00

Principal Place of Business

Mailing Address

5510 36TH AVE S  
 TAMPA FL 33619

5510 36TH AVE S  
 TAMPA FL 33619-6204

2. Principal Place of Business

3. Mailing Address

PO Box 1336

PO Box 1336

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33601

Country

Hillsborough

Zip

33601

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1231966

Applied For

Not Applicable

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

LEISS, ERWIN G  
 5510 36TH AVE S  
 TAMPA FL 33619

Name CHARLES M. BANKS

Street Address (P.O. Box Number is Not Acceptable) Suite #229

711 N. FLORIDA AVE

City TAMPA FL Zip Code 33602

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 *Charles M Banks*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/00  
 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 PT ☒ Delete  
 NAME LEISS, ERWIN G  
 STREET ADDRESS 5510 36TH AVE S  
 CITY-ST-ZIP TAMPA FL

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

TITLE V ☐ Delete  
 NAME KOLTERMAN, JOHN  
 STREET ADDRESS 2205 HIGH POINT DR  
 CITY-ST-ZIP BRANDON FL

TITLE VS ☒ Change ☐ Addition  
 NAME KOLTERMAN, John  
 STREET ADDRESS 2205 High Point Drive  
 CITY-ST-ZIP BRANDON, FL 33511

TITLE S ☐ Delete  
 NAME BANKS, CHARLES M  
 STREET ADDRESS PO BOX 1336  
 CITY-ST-ZIP TAMPA FL

TITLE PT ☒ Change ☐ Addition  
 NAME BANKS, CHARLES M.  
 STREET ADDRESS PO Box 1336  
 CITY-ST-ZIP TAMPA, FL 33601

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Charles M Banks*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00  
 Date

813-221-5770  
 Daytime Phone #

CR20034 (9/99)