

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 412646

1. Entity Name

BRADFORD DEVELOPMENT CORPORATION

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90058 017 ***158.75

Principal Place of Business

Mailing Address

**PO BOX 771547
 WINTER GARDEN FL 34777-1547**

**PO BOX 771547
 WINTER GARDEN FL 34777-1547**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1426528**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRADFORD, M. WADE
 323 COURTLEA OAKS BLVD
 P.O. BOX 771547
 WINTER GARDEN FL 34787**

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, 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	BRADFORD, M W	
STREET ADDRESS	323 COURTLEA OAKS BLVD	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRADFORD, CAMERON	
STREET ADDRESS	323 COURTLEA OAKS BLVD	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRADFORD, JANICE M	
STREET ADDRESS	323 COURTLEA OAKS BLVD	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. WADE BRADFORD

4/17/00
Date

401-456-6397
Daytime Phone #

CR2E034 (9/99)