

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 482709

1. Entity Name

BRUNSON-TRAWICK, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90121 008 \*\*\*150.00

Principal Place of Business

Mailing Address

120 SUNNYTOWN RD  
CASSELBERRY FL 32707  
US

120 SUNNYTOWN RD  
CASSELBERRY FL 32707-3840  
US

2. Principal Place of Business

170 BLOXHAM AVE

3. Mailing Address

170 BLOXHAM AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE CITY, FL

City & State

ORANGE CITY, FL

4. FEI Number

59-1615314

Applied For

Not Applicable

Zip

32763

Country

USA

Zip

32763

Country

USA

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

TRAWICK, BENJAMIN E  
2602 SHIPROCK CT  
DELTONA FL 32738

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 ☐ Delete  
NAME TRAWICK, BENJAMIN E  
STREET ADDRESS 2602 SHIPROCK CT  
CITY-ST-ZIP DELTONA FL 32738

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

TITLE VDS ☐ Delete  
NAME TRAWICK, BEN, JR  
STREET ADDRESS 5941 TALAVERA ST  
CITY-ST-ZIP ORLANDO FL 32807

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

TITLE VDT ☐ Delete  
NAME TRAWICK, DONALD B.  
STREET ADDRESS 206 STARK AVE  
CITY-ST-ZIP ORANGE CITY FL 32763

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

*BENJAMIN E. TRAWICK* BENJAMIN E. TRAWICK PRESIDENT 4-24-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)