

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90075 025 ***150.00

DOCUMENT # 542174

1. Entity Name

THE BRIAR CORPORATION

Principal Place of Business

Mailing Address

**4500 ORANGE BLVD.
P.O. BOX 264
LAKE MONROE FL 32747**

**4500 ORANGE BLVD.
P.O. BOX 264
LAKE MONROE FL 32747**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1763946

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

**GOOD, MICHAEL J.
1020 EDMINSTON PLACE
LONGWOOD FL 32779**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	T	RIVERS, SRAVUT NOY	317 KIMBERLY COURT	SANFORD FL	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	GOOD MICHAEL J	1020 EDMINSTON PLACE	LONGWOOD FL	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	EVP	HARRELL, ROBERT E.	108 ORANGE DRIVE	SANFORD FL	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	S	BALDWIN, TERESA A.	1406 HAYWARD AVENUE	DELTONA FL	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	P	KECK, WILLIAM B	3600 THOMPSON RD	LAKE MARY FL 32738	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

3/17/00 (407) 321-2723

CR2E034 (9/99)