

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90722 018 ***158.75

DOCUMENT # 542174

1. Entity Name
THE BRIAR CORPORATION



Principal Place of Business
**4500 ORANGE BLVD.
P.O. BOX 264
LAKE MONROE FL 32747**

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



2. Principal Place of Business
4570 ORANGE BLVD.

3. Mailing Address
P.O. BOX 470264

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LAKE MONROE, FL

City & State
LAKE MONROE, FL

4. FEI Number
59-1763946

Applied For

Not Applicable

Zip Country
32747

Zip Country
32747

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
SAME

Street Address (P.O. Box Number is Not Acceptable)
1885 W. LAKE MARY BLVD.

City
LAKE MARY, FL

FL

Zip Code
32746

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

2/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Delete
NAME **RIVERS, SRAVUT NOY**
STREET ADDRESS **317 KIMBERLY COURT**
CITY-ST-ZIP **SANFORD FL**

☒ Change ☐ Addition
TITLE **SAME**
NAME **SAME**
STREET ADDRESS **3600 THOMPSON ROAD**
CITY-ST-ZIP **LAKE MARY, FL 32746**

D ☐ Delete
NAME **GOOD MICHAEL J**
STREET ADDRESS **1020 EDMINSTON PLACE**
CITY-ST-ZIP **LONGWOOD FL**

☒ Change ☐ Addition
TITLE **SAME**
NAME **SAME**
STREET ADDRESS **1885 W. LAKE MARY BLVD.**
CITY-ST-ZIP **LAKE MARY, FL 32746**

EVP ☐ Delete
NAME **HARRELL, ROBERT E.**
STREET ADDRESS **108 ORANGE DRIVE**
CITY-ST-ZIP **SANFORD FL**

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

P ☐ Delete
NAME **KECK, WILLIAM B**
STREET ADDRESS **3600 THOMPSON RD**
CITY-ST-ZIP **LAKE MARY FL 32738**

☒ Change ☐ Addition
TITLE **SAME**
NAME **SAME**
STREET ADDRESS **169 VISTA OAK DRIVE**
CITY-ST-ZIP **LONGWOOD, FL 32779**

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03 (407) 321-2773

Date

Daytime Phone #

CR2E034 (10/02)