

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
01-29-2001 90014 022 ***150.00

DOCUMENT # 604177

1. Entity Name

KORNREICH, CASEY, CROSLAND & BRAMNICK, P.A.

Principal Place of Business

**200 S. BISCAYNE BLVD.
SUITE 3600, 1ST UNION FIN CNTR
MIAMI FL 33131-2338
US**

Mailing Address

**200 S. BISCAYNE BLVD.
SUITE 3600, 1ST UNION FIN CNTR.
MIAMI FL 33131-2338
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1448153**

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

**BRAMNICK, JAMES S
200 S BISCAYNE BLVD., STE 3600
MIAMI FL 33131**

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, 2001 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 **KORNREICH, DAVID V.**
STREET ADDRESS **255 S. ORANGE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **VP** ☐ Change ☒ Addition
NAME **MANDEL, JEFFREY E.**
STREET ADDRESS **3271 LAKEVIEW OAKS DRIVE**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **SVPD** ☐ Delete
NAME **CROSLAND, JAMES C.**
STREET ADDRESS **6301 SW 99TH TERR**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **AVP** ☐ Change ☒ Addition
NAME **HEEKIN, DENISE M.**
STREET ADDRESS **7918 NW 10 STREET**
CITY-ST-ZIP **PLANTATION, FL 33322**

TITLE **VP** ☐ Delete
NAME **ROGERS, GORDON D**
STREET ADDRESS **1609 SE 12TH STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **AVP** ☐ Change ☒ Addition
NAME **RYDER, PAUL T.**
STREET ADDRESS **7720 SW 183 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **SVPD** ☐ Delete
NAME **CASEY, MICHAEL W. III**
STREET ADDRESS **16060 SW 77TH COURT**
CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE **STD** ☐ Delete
NAME **BRAMNICK, JAMES S**
STREET ADDRESS **10220 SW 60TH AVE**
CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE **VP** ☐ Delete
NAME **JOHNSON, CARMEN S**
STREET ADDRESS **6952 SW 149TH TER**
CITY-ST-ZIP **MIAMI FL 33158**

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: JAMES S. BRAMNICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-358-5500

Daytime Phone #

CR2E034 (10/00)