

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 663658

1. Entity Name

DAVID BRILLHART AND ASSOCIATES, INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90003 044 ***150.00

Principal Place of Business

618 N. YACHTSMAN RD.
SANIBEL, FL 33957
US

Mailing Address

1417 DEL PRADO BLVD.
SUITE 218
CAPE CORAL FL 33990-3749

040101

2. Principal Place of Business

14671 Fair Havens Road
Fort Myers, FL 33908

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number 59-1961781

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE



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

HORNSBY III, CYRUS E
1110 BRICKELL AVE
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, 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
DP
BRILLHART, DAVID
618 N YACHTSMAN RD
SANIBEL FL ☐ Delete

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

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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

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 #

14 April 00 941 433-0259