## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # 846126** BROOKWOOD, LTD.-SOUTHEAST, INC. 04-26-2001 90265 005 \*\*\*158.75 Principal Place of Business Mailing Address 545 WAHOO RD BAY POINT BOX 27790 PANAMA CITY BCH FL 32408 PANAMA CITY BCH FL 32411-7790 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-1189655 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACK, THEODORE E ESQ Street Address (P.O. Box Number is Not Acceptable) TED MACK P A 803 N CALHOUN ST TALLAHASSEE FL 32303 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TETER Delete TITLE ☐ Change ☐ Addition **GUMMELS, KENNETH P** NAME NAME STREET ADDRESS STREET ADDRESS 545 WAHOO RD, BAY POINT BOX 27790 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BCH FL 32411-7790 Secretary X Delete X Addition TITLE TITLE NAME GUMMELS, MARILYN R NAME Gummels, Kenneth P. STREET ADDRESS STREET ADDRESS 545 WAHOO RD, BAY POINT BOX 27790 545 Wahoo Road, Bay Point Box 27790 CiTY-ST-ZIP CITY-ST-ZIP PANAMA CITY BCH FL 32411-7790 Panama City Bch, FL 32411-7790 TITLE TITLE Delete ☐ Channe Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-St-7IP CITY - ST- 7I8 TITLE ☐ Delete THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an efficer 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. \*\*Report P.\*\* Cumpolic\*\*

April 12, 2001 850-233-8800

President SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth P. Gummels