

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001633**

1. Entity Name

J+C BRADY, LTD.

FILED

Principal Place of Business

Mailing Address

01 MAY -3 PM 12:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

3. Mailing Address

1701 GULF OF MEXICO DR

1701 GULF OF MEXICO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 410

APT 410

City & State

City & State

LONGBOAT KEY

LONGBOAT KEY

Zip

Country

Zip

Country

34228

USA

34228

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

650960957

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

Name

JOHN W BRADY

Street Address (P.O. Box Number is Not Acceptable)

1701 GULF OF MEXICO DR

APT 410

City

LONGBOAT DR

FL

Zip Code

34228

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

John W Brady

(NOTE: Registered Agent signature required when reinstating)

DATE

JOHN W BRADY 5/27/01

9. Capital Contributions as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P99000081556**
NAME **J+C BRADY, INC.**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1701 GULF OF MEXICO DR APT 410

CITY-ST-ZIP

LONGBOAT KEY FL 34228

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JOHN W BRADY

Date

Daytime Phone #

5/27/01 9413838560

CR2E003 (11/00)