

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00084**

1. Entity Name

J.J. BRODERICK COMPANY, INC.**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90094 041 ***150.00

Principal Place of Business

Mailing Address

13901 LAKE BLUFF CT
TAMPA FL 33624
USP O BOX 271083
TAMPA FL 33688-1083
US

2. Principal Place of Business

3. Mailing Address

13901 Lake Bluff Court
Suite, Apt. #, etc.P.O. Box 271083
Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33624

Country

USA

Zip

33688-1083

Country

USA

4. FEI Number

52-0803142

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

GIBBONS, TUCKER, MILLER, WHATLEY & STEIN
101 E. KENNEDY BLVD., SUITE 1000
P.O. BOX 1363
TAMPA FL 33601

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 State10. 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 **D** ☐ Delete
NAME **BRODERICK, J.J.**
STREET ADDRESS **13901 LAKE BLUFF CT**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PVD** ☐ Delete
NAME **BRODERICK, F.E.**
STREET ADDRESS **5507 WESTBARD AVE.**
CITY-ST-ZIP **BETHESDA MD**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BUCHANAN, R.A.**
STREET ADDRESS **10638 WEYMOUTH ST.**
CITY-ST-ZIP **BETHESDA MD**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ST** ☐ Delete
NAME **BRODERICK, F. E.**
STREET ADDRESS **5507 WESTBARD AVENUE**
CITY-ST-ZIP **BETHESDA MD**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BRODERICK, M.T.**
STREET ADDRESS **5308 AUGUSTA STREET**
CITY-ST-ZIP **BETHESDA MD**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BRODERICK, P.L.**
STREET ADDRESS **13634 DEERWATER DRIVE**
CITY-ST-ZIP **GERMANTOWN MD**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: F. E. Broderick, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

813/962-7150

Date

Daytime Phone #