

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F 52427

1. Entity Name

D. Glen Brannen, Inc. (A)

Principal Place of Business

850 Hwy 27
Lake Hamilton, FL

Mailing Address

P.O. Box 1627
Dundee, FL 33838

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2137751

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0071285

6. Name and Address of Current Registered Agent

Neal E. Young
300 3rd St NW
Winter Haven, FL 33881

7. Name and Address of New Registered Agent

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

TITLE: President / Director
NAME: D. Glen Brannen
STREET ADDRESS: 133 Circle 4 Dr.
CITY-ST-ZIP: Haines City, FL 33844 ☐ Delete

TITLE: Secretary / Director
NAME: Billie S. Brannen
STREET ADDRESS: 133 Circle 4 Dr.
CITY-ST-ZIP: Haines City, FL 33844 ☐ Delete

TITLE: Treasurer / Director
NAME: George A. Dukes
STREET ADDRESS: 902 Hwy 27
CITY-ST-ZIP: Dundee, FL 33838 ☐ Delete

TITLE: Director
NAME: Hollis G. Brannen
STREET ADDRESS: 850 Hwy 27
CITY-ST-ZIP: Lake Hamilton, FL ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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

Treasurer

6/13/01

863 439 1101

Date

Daytime Phone #

CR2E034 (11/00)