

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006109

1. Entity Name

LEE BRYAN REAL ESTATE INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90230 013 ***150.00

Principal Place of Business

2375 NE OCEAN BLVD. UNIT D-301
STUART FL 34996

Mailing Address

2375 NE OCEAN BLVD. UNIT D-301
STUART FL 34996

2. Principal Place of Business

3. Mailing Address

9650 So. Ocean Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

City & State

Jensen Beach FL

Zip

Country

Zip

Country

34957

St. Lucie

4. FEI Number 52-1299189

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

BRYAN, SUSAN L
2375 NE OCEAN BLVD, UNIT D-301
STUART FL 23996

Name

Susan Lee Bryan

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

9650 So. Ocean Dr. # 201

City

Jensen Beach

FL

Zip Code

34957

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

Susan Lee Bryan
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BRYAN, SUSAN L
STREET ADDRESS 2375 NE OCEAN BLVD, UNIT D-301
CITY-ST-ZIP STUART FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 9650 So. Ocean Drive # 201
CITY-ST-ZIP Jensen Beach, FL 34957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Lee Bryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Lee Bryan
Date

Date

1/16/01 561-229-1111
Daytime Phone #

Daytime Phone #

CR2E034 (10/00)