

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000826

1. Entity Name

BRAKELEY, JOHN PRICE JONES INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90017 048 \*\*\*550.00

Principal Place of Business

86 PROSPECT STREET  
STAMFORD CT 06901

Mailing Address

86 PROSPECT STREET  
STAMFORD CT 06901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1064416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent.

WERTHEIMER, STEPHEN  
23205 VIA STEL  
BOCA RATON FL 33433

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 CPT  
NAME BRAKELEY, GEORGE A III  
STREET ADDRESS 138 EAST AVE  
CITY-ST-ZIP NEW CANAAN CT 06840 ☐ Delete

TITLE D  
NAME LAWSON, CHARLES E  
STREET ADDRESS 23 LOCUST LANE  
CITY-ST-ZIP STAMFORD CT 06905 ☐ Delete

TITLE D  
NAME BROD, IRWIN  
STREET ADDRESS 34 RANGE DR  
CITY-ST-ZIP MERRICK NY 11566 ☒ Delete

TITLE D  
NAME O'HARE, BARRY T  
STREET ADDRESS 4212 WHITACRE RD  
CITY-ST-ZIP FAIRFAX VA 22032 ☐ Delete

TITLE S  
NAME BESSIRE, HENRY E  
STREET ADDRESS 470 WEST END AVE  
CITY-ST-ZIP NEW YORK NY 10024 ☐ Delete

TITLE AS  
NAME KELLY, JOHN G  
STREET ADDRESS 46 PORTLAND PLACE E., LEAMINGTON SPA  
CITY-ST-ZIP WARWICKS CV32 SET, UK ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE S ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-8-00 203 348 8100

CR2E034 (5/00)