## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 26, 2000 8:00 am Secretary of State **DOCUMENT # G04493** BRANDON PROPERTIES, INC. 05-26-2000 90112 040 \*\*\*550.00 Mailing Address Principal Place of Business 1900 S. HARBOR CITY BLVD. 1900 S. HARBOR CITY BLVD. MELBOURNE FL 32901 MELBOURNE FL 32901-4749 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-2230909 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOYD, JOEL E Street Address (P.O. Box Number is Not Acceptable) 100 RIALTO PLACE STE - 500 MELBOURNE FL 32901 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DΡ ☐ Addition ☐ Delete TITLE TITLE BRANDON, HARRY E NAME NAME 1900 S HARBOR CITY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 00000 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRANDON, WENDY S NAME NAME 1900 S HARBOR CITY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE, FL 00000 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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