

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G67955**

1. Entity Name

BROOKS, WILEY, YOUNG, PADGETT & KLEISER, P.A.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90033 026 ***150.00

Principal Place of Business

**206 NORTH 3RD STREET
LEESBURG FL 34748**

Mailing Address

**206 NORTH 3RD STREET
LEESBURG FL 34748**

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

59-2330606

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

**BROOKS, W. THOMAS
206 NORTH 3RD STREET
LEESBURG FL 34748**

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 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DT	BROOKS, W. THOMAS		
416 BROOKS LANE			
LEESBURG FL			
DVP	WILEY, C. THOMAS		
206 NORTH 3RD STREET			
LEESBURG FL			
DP	YOUNG, HERBERT P.		
707 HILLTOP DRIVE			
FRUITLAND FL			
DS	PADGETT, GREG		
206 N THIRD STREET			
LEESBURG FL			
DVP	KLEISER, CHERI		
206 N THIRD STREET			
LEESBURG FL			

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 #

CR2E034 (9/99)