

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2000 8:00 am
Secretary of State
 08-29-2000 90012 001 *1,100.00

DOCUMENT # H28566

1. Entity Name
BRADLEY LAND COMPANY, INC.

Principal Place of Business
**2420 MISSISSIPPI AVE.
 TAMPA FL 33629**

Mailing Address
**2420 MISSISSIPPI AVE.
 TAMPA FL 33629**

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 **59-2519364**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'DONNELL, JAMES D
 2267 INDEPENDENT SQUARE
 JACKSONVILLE FL 32202**

*Registered Agent
 has Already
 been Changed &
 Signed by Robert
 Williams*

Name **Robert V. Williams**
 Street Address (P.O. Box Number is Not Acceptable) **201 W. Franklin Street, Suite 2600**
ONE Tampa City Center
 City **Tampa** **FL** Zip Code **33602**

8. The above named entity submits this state

SIGNATURE _____
 Signature, typed or printed name of registrant

Office or registered agent, or both, in the State of Florida.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREZEVANT, DOLORES 2420 MISSISSIPPI AVENUE TAMP FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)