

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State
 08-21-2000 90208 008 ***550.00

DOCUMENT # H63242

1. Entity Name
MASSEY PERSONS BRINATI COMMUNICATIONS, INC.

A0073538



DO NOT WRITE IN THIS SPACE

Principal Place of Business
100 S ORANGE SUITE 1000 ORLANDO FL 32801

Mailing Address
100 S ORANGE SUITE 1000 ORLANDO FL 32801 US

2. Principal Place of Business
20 N. Wymore Rd
 Suite, Apt. #, etc.
230

3. Mailing Address
620 N. Wymore Rd
 Suite, Apt. #, etc.
230

City & State
Maitland FL
 Zip
32751
 Country
USA

City & State
Maitland FL
 Zip
32751
 Country
USA

4. FEI Number **59-2869430**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MORAN, THOMAS P
111 N ORANGE AVE
STE 1200
ORLANDO FL 32801

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Vice Chairman, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSONS, TODD		NAME		
STREET ADDRESS	950 ORANOLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINATI, CAROL		NAME		
STREET ADDRESS	2200 HERRITT PK DR		STREET ADDRESS	100 Riverside Drive #505	
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	Cocoa Beach, FL 32922	
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, HARVEY L		NAME		
STREET ADDRESS	1550 VIA TUSCANY		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIAS, GWYN		NAME		
STREET ADDRESS	400 E. COLONIAL DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGGAN, ELIZABETH		NAME		
STREET ADDRESS	104 TANGELO CT		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORINO, BARBARA A.		NAME		
STREET ADDRESS	417 RUTH STREET		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		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: CAROL BRINATI **REQUIRED** 7/21/00 4076227700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

COMMUNICATIONS

AB073538

August 15, 2000

Florida Department of State
Divisions of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

Enclosed is our check in the amount of \$550.00 in payment of our Annual Report. However, I am writing to ask your consideration in having this filing fee reduced to \$150.00, which would be the fee had this Annual Report been filed by June 1st. The reason for this request is that we did not receive the report until after the filing deadline of June 1st due to an address change and a forwarding order that expired.

Our Company has been in business since 1981 and if you check our records you will see that this report has always been filed in a timely manner. We would appreciate your consideration in this matter and ask that you please contact myself or Carol Brinati, President, at (407) 622-4700

We look forward to your favorable response in this matter.

Sincerely,



Barbara A. Corino
Corporate Secretary

Enc.