

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**  
 03-06-2000 90105 037 \*\*\*150.00

**DOCUMENT # H65134**

1. Entity Name

**THE BRADFORDVILLE EXCHANGE COMPANY**

Principal Place of Business

Mailing Address

2305 CHARLES COURT  
 TALLAHASSEE FL 32303

2305 CHARLES COURT  
 TALLAHASSEE FL 32303-5119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2558454**

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

**WOODWARD, ELAINE TULLY**  
**2305 CHARLES CT**  
**TALLAHASSEE FL 32303**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DP</b> <b>WOODWARD ELAINE TULLY</b> <b>2305 CHARLES CT</b> <b>TALLAHASSEE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DV</b> <b>TULLY, MERRI KATHERINE</b> <b>80 BENEDICT ROAD</b> <b>STATEN ISLAND NY</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>35 Beebe Street</b> <b>Staten Island, NY 10301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DS</b> <b>TULLY, TERRI ELAINE</b> <b>3808 CARROLL WOOD PLACE #302</b> <b>TAMPA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Terri Tully Cruz</b> <b>10403 Brentford Drive</b> <b>Tampa, FL 33626</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DT</b> <b>SALMON, LYNN TULLY</b> <b>3302 TY COBB RD</b> <b>TALLAHASSEE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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:

*Elaine Woodward*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-2-00**

Date

**850-385-4527**

Daytime Phone #

CR2E034 (9/99)