

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J25388

1. Entity Name

BREEDLOVE REALTY, INCORPORATED

Principal Place of Business

40 N US HWY 17-92
DEBARY FL 32713

Mailing Address

40 N US HWY 17-92
DEBARY FL 32713-2519

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIFERIE, ROBERT L.
1870 PROVIDENCE BLVD
SUITE K
DELTONA FL 32725

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 DP
NAME BREEDLOVE, CARYN
STREET ADDRESS 4375 S. ATLANTIC #A-3
CITY-ST-ZIP NEW SMYRNA BEACH FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 40 N Hwy 17-92
CITY-ST-ZIP Debary, FL 32713

TITLE VP
NAME BREEDLOVE, BRIAN W.
STREET ADDRESS 4375 S. ATLANTIC #A-3
CITY-ST-ZIP NEW SMYRNA BEACH FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 40 N Hwy 17-92
CITY-ST-ZIP Debary, FL 32713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Brian W Breedlove
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian W Breedlove

Date

Daytime Phone #

4-25-2000
407 668-7000



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2807352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)