

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90008 028 \*\*\*\*50.00

**DOCUMENT # L01000019367**

1. Entity Name

**BRANCH PROPERTY GROUP, LLC**

Principal Place of Business

Mailing Address

938 CANALVIEW BLVD.  
 PORT ORANGE FL 32129

938 CANALVIEW BLVD.  
 PORT ORANGE FL 32129

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

50-0002863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELMER ROBERT BRANCH JR.**  
**700 OAK STREET**  
**PORT ORANGE FL 32119**

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

*Elmer Robert Branch Jr.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **ELMER ROBERT BRANCH JR.**  
 STREET ADDRESS **MEMBER**  
 CITY-ST-ZIP **938 CANALVIEW BLVD**  
**PORT ORANGE, FL 32129**

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

TITLE ☐ Delete  
 NAME **MEMBER**  
 STREET ADDRESS **ELMER ROBERT BRANCH III**  
 CITY-ST-ZIP **6125 SAGAL POINT CIRCLE**  
**PORT ORANGE FL 32129**

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

TITLE ☐ Delete  
 NAME **MEMBER**  
 STREET ADDRESS **JUSTIN MATHEW BRANCH**  
 CITY-ST-ZIP **305 SAGEWOOD DRIVE**  
**PORT ORANGE FL 32127**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*03/07/2002* (56) 451 1106

E. ROBERT BRANCH III  
6123 SABAL POINT CIR.  
PORT ORANGE, FL 32124

63-1289/631  
02612105948

Date

5/7/2002

84579

DEPARTMENT OF STATE

Pay to the order of

*[Signature]*

2/100

\$50<sup>00</sup>

#2010000192

Dollars

The Huntington National Bank  
Orlando, Florida 32812

Huntington  
Banks

Memo BRANCH PROPERTY GRP LLC

*[Signature]*

⑆063112692⑆ 02612105948⑆01211