

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L41356

1. Entity Name

BRENNEMAN & COMPANY REAL ESTATE, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90115 005 ***158.75

Principal Place of Business

% SCOTT D. ITTERSAGEN
1861 PLACIDA RD. SUITE 204
ENGLEWOOD FL 34223

Mailing Address

% SCOTT D. ITTERSAGEN
1861 PLACIDA RD. SUITE 204
ENGLEWOOD FL 34223

616996



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7075 PLACIDA RD
Suite, Apt. #, etc.
109

3. Mailing Address

7075 PLACIDA RD
Suite, Apt. #, etc.
109

City & State

Englewood FL
Zip
34224
Country
USA

City & State

Englewood FL
Zip
34224
Country
USA

4. FEI Number 65-0172998

Applied For

Not Applicable

5. Certificate of Status Desired

K

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ITTERSAGEN, SCOTT D.
1861 PLACIDA RD
SUITE 104
ENGLEWOOD FL 34223

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 \$150.00
After MAY 1, 2001 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

TITLE D
NAME KIM, DILL E
STREET ADDRESS 7075 PLACIDA RD
CITY-ST-ZIP ENGLEWOOD FL 34224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim Dill 1-20/01 697-7575

Date Daytime Phone #

CR2E034 (10/00)