

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L89786

1. Entity Name

BGM MINING, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90071 011 ***158.75

Principal Place of Business

801 N. MAGNOLIA AVENUE
SUITE 401
ORLANDO FL 32803

Mailing Address

801 N. MAGNOLIA AVENUE
SUITE 401
ORLANDO FL 32803-3844

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 59-3017977

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C.E. BROOKS
801 N. MAGNOLIA AVENUE
SUITE 401
ORLANDO FL 32803

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROOKS, CHARLES E.	
STREET ADDRESS	1255 MAJESTIC OAK DR.	
CITY-ST-ZIP	APOPKA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARNER, JOHN MICHAEL	
STREET ADDRESS	117 PLANTERS ROW EAST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCLANAHAN, BILL L.	
STREET ADDRESS	887 GEORGIA AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BROOKS, CYNTHIA M.	
STREET ADDRESS	1255 MAJESTIC OAK DRIVE	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	801 N. magnolia Ave. #401	
STREET ADDRESS	ORLANDO, FL 32803	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	801 N. magnolia Ave. #401	
STREET ADDRESS	ORLANDO, FL 32803	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied on 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles E. Brooks, Jr.
C.E. BROOKS, JR.

4/21/00

(407) 422-4474