

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001850

1. Entity Name

THOMPSON & BRADFORD L.C.

FILED

00 JAN 18 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2605 MAITLAND CENTER PARKWAY, STE. E  
MAITLAND FL 32751

Mailing Address

2605 MAITLAND CENTER PARKWAY, STE. E  
MAITLAND FL 32751-7139

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

59-3531324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BRADFORD, RUTLEDGE M  
2605 MAITLAND CENTER PARKWAY, STE. E  
MAITLAND FL 32751

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

*Rutledge Bradford*

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

(NOTE: Registered Agent signature required when reinstating)

1/10/2000

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
THOMPSON, PAUL M  
2605 MAITLAND CENTER PARKWAY, STE. E  
MAITLAND FL 32751 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
BRADFORD, RUTLEDGE M  
2605 MAITLAND CENTER PARKWAY, STE. E  
MAITLAND FL 32751 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
  
  
  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
  
  
  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
  
  
  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
  
  
  
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
800003112528--1  
-01/27/00--01025--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
☐ Change ☐ Addition

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

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

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

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

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:

*Paul M. Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-10-00

Date

407-825-5757

Daytime Phone #