

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000003379**

1. Entity Name

**BRADLEY ROYALTY PARTNERS, L.L.C.**

APPROVED  
AND  
FILED

00 APR 21 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0014739 AF

Principal Place of Business

1151 S.W. 30TH STREET, SUITE E  
PALM CITY FL 34990

Mailing Address

P.O. BOX 1938  
PALM CITY FL 34991-6938



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

**65-0897532**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

*mom*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HRAWG CORP.**

**2000 GLADES ROAD, SUITE 400  
BOCA RATON FL 33431**

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

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

9.

MANAGING MEMBERS / MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	REED, THOMAS C	
STREET ADDRESS	1410 ALEXANDER VALLEY ROAD	
CITY-ST-ZIP	HEALDSBURG CA 95448	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KENT, GEORGE A	
STREET ADDRESS	8306 LONGNEEDLE DR.	
CITY-ST-ZIP	MONTGOMERY AL 36117	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HOLBROOK, GEORGE W JR.	
STREET ADDRESS	107 JOHN STREET	
CITY-ST-ZIP	SOUTHPORT CT 06490	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MACMILLIAN, W. DUNCAN	
STREET ADDRESS	15407 MCGINTY ROAD	
CITY-ST-ZIP	MINNETONKA MN 55345	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRADLEY, GEORGE C	
STREET ADDRESS	1215 SADLER DR.	
CITY-ST-ZIP	CARLISLE PA 17013	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MCGOOGAN, JAMES R	
STREET ADDRESS	1151 S.W. 30TH STREET, SUITE E	
CITY-ST-ZIP	PALM CITY FL 34990	

10.

ADDITIONS / CHANGES

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 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	

**8000003241288--6**  
**-05/05/00--01001010**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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 OR MANAGER

**JAMES R. MCGOOGAN**

**04/18/00**

Date

**561-220-4333**

Daytime Phone #

(66) (6) (9) 0803 CR2E083