

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 22 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000000181

1. Entity Name

B.R.D. MANAGEMENT, L.C.

Principal Place of Business

1451 EAST JEFFERSON STREET  
BROOKSVILLE FL 34601

Mailing Address

1451 EAST JEFFERSON STREET  
BROOKSVILLE FL 34601-3530

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

N/A

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

DAY, ALAN R III  
1451 EAST JEFFERSON STREET  
BROOKSVILLE FL 34601

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM DAY, ALAN R III  
STREET ADDRESS 27102 ROCHELLE ROAD  
CITY- ST- ZIP BROOKSVILLE FL 34602

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
100003284161--0  
-06/12/00--01015--014  
\*\*\*\*\*50.00

TITLE NAME MGRM DAY, LOUISE A  
STREET ADDRESS P.O. BOX 175 (N/A)  
CITY- ST- ZIP BROOKSVILLE FL 34605

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME MGRM DAY, ALAN R  
STREET ADDRESS P.O. BOX 573 (N/A)  
CITY- ST- ZIP BROOKSVILLE FL 34605

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME MGRM ROGERS, WILLIAM R  
STREET ADDRESS 8720 PAWNEE AVENUE  
CITY- ST- ZIP TAMPA FL 33617

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME MGRM BLUCHER, WILLIAM R  
STREET ADDRESS 1529 OAKHURST DRIVE  
CITY- ST- ZIP BROOKSVILLE FL 34601

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE 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 REQUIRED

4-26-2000

352-7999258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)