

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90140 032 ***150.00

DOCUMENT # M65335

1. Entity Name

BRUSHWOOD AND GRUVER, P.A.

Principal Place of Business

1353 EAST LAFAYETTE STREET
 TALLAHASSEE FL 32301

Mailing Address

PO BOX 10117
 NA
 TALLAHASSEE FL 32302-2117
 US

2. Principal Place of Business

2015 Delta Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

City & State

Tallahassee, FL

City & State

Zip

32303

Country

U.S.

Country

4. FEI Number

59-2866206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUSHWOOD, E. THOMAS
1353 EAST LAFAYETTE STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name **Brushwood, E. Thomas**

Street Address (P.O. Box Number is Not Acceptable)

2015 Delta Blvd.

Suite 102

City

Tallahassee

FL

Zip Code

32303

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

Michael L. Gruver
 Signature, typed or printed name of registered agent and title if applicable

E. Thomas Brushwood
 E. Thomas Brushwood President

03/16/00
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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** ☐ Delete
 NAME **BRUSHWOOD, E. THOMAS**
 STREET ADDRESS **1353 E. LAFAYETTE STREET**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **STD** ☐ Delete
 NAME **GRUVER, MICHAEL L.**
 STREET ADDRESS **1353 E. LAFAYETTE STREET**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2015 Delta Blvd., Ste. 102**
 CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2015 Delta Blvd., Ste 102**
 CITY-ST-ZIP **Tallahassee, FL 32303**

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

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

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

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

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 empowered:

SIGNATURE:

Michael L. Gruver, Michael L. Gruver **03/16/00** **850-878-1187**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)