

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M65335

1. Entity Name

BRUSHWOOD AND GRUVER, P.A.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90257 038 ***150.00

Principal Place of Business

2015 DELTA BLVD
SUITE 102
TALLAHASSEE FL 32303
US

Mailing Address

PO BOX 10117
NA
TALLAHASSEE FL 32302
US

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 **59-2866206**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUSHWOOD, E. THOMAS
2015 DELTA BLVD
SUITE 102
TALLAHASSEE FL 32303

Name

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

City

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 re-issuing)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BRUSHWOOD, E. THOMAS
STREET ADDRESS 2015 DELTA BLVD., STE 102
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

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

TITLE STD
NAME GRUVER, MICHAEL L.
STREET ADDRESS 2015 DELTA BLVD STE 102
CITY-ST-ZIP TALLAHASSEE FL 32303 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: E. Thomas Brushwood E. THOMAS BRUSHWOOD Apr. 4/24/01 850 878-1187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)