

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State
 09-11-2000 90012 038 ***550.00

DOCUMENT # M78100

1. Entity Name
MONTANNA AND ASSOCIATES, INC.

Principal Place of Business

733 WEST SMITH STREET
 ORLANDO FL 32804
 US

Mailing Address

733 WEST SMITH STREET
 ORLANDO FL 32804
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2878477**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BREWER, DENNY H., III
733 WEST SMITH STREET
ORLANDO FL 33804

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **TD** ☐ Delete
 NAME **BREWER, DENNY H., III**
 STREET ADDRESS **733 WEST SMITH STREET**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **PD** ☐ Delete
 NAME **GILKEY, SHARON M.**
 STREET ADDRESS **733 WEST SMITH STREET**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **VP** ☐ Delete
 NAME **UZUPES, VANESSA M.**
 STREET ADDRESS **733 WEST SMITH STREET**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☐ Delete
 NAME **BREWER, CAROLYN K**
 STREET ADDRESS **OVERLOOK DRIVE, RT 2, BOX 137**
 CITY-ST-ZIP **TEN MILE TN 37880**

TITLE **DVP** ☐ Delete
 NAME **BREWER, DENNY H JR**
 STREET ADDRESS **OVERLOOK DR, RT 2, BOX 137**
 CITY-ST-ZIP **TEN MILE TN 37880**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)