

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90111 003 ***150.00

DOCUMENT # M96490
 1. Entity Name
B.R.'S OF ENGLEWOOD, INCORPORATED

Principal Place of Business
750 N. INDIANA AVE.
P.O. BOX 98
ENGLEWOOD FL 34295-7098

Mailing Address
750 N. INDIANA AVE.
P.O. BOX 98
ENGLEWOOD FL 34295-0098
US

2. Principal Place of Business
750 N Indiana Ave

3. Mailing Address
P.O. Box 98

Suite, Apt. #, etc.

City & State
Englewood, FL

City & State
Englewood, FL

Zip
34223

Country

Zip
34295-0098

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0073278**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WELLBAUM, R. WILLIAM JR.
350 S. INDIANA AVE.
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name **LINDA J. MORLAND**

Street Address (P.O. Box Number is Not Acceptable)
165 W. GREEN ST

City **ENGLEWOOD** FL Zip Code **34223**

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 **LINDA J. MORLAND** 2

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	PTD ROGERS, ROBERT R. 750 N INDIANA AVE ENGLEWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Robert R. Rogers** 3-16-00 (941) 474-3383

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR02EN34 (3/00)