

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90011 044 ****55.00

DOCUMENT # M97000000110

1. Entity Name

BRIORD, L.C.

Principal Place of Business

**12412 POWERSCOURT DRIVE
 SUITE 175
 ST LOUIS MO 63131**

Mailing Address

**12412 POWERSCOURT DRIVE
 SUITE 175
 ST LOUIS MO 63131**

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

43-1709718

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

**SHAW, RICHARD L
 2511 PONCE DE LEON BLVD
 CORAL GABLES FL 33134**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **AVERSA, VINCENT J**
 CITY-ST-ZIP **4501 LINDELL BLVD., #7B
 ST. LOUIS MO 63108**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **55 UNIVERSITY ST.**
 CITY-ST-ZIP **SEATTLE WASHINGTON 98101**

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **WEIER, G. W**
 CITY-ST-ZIP **709 S. SKINKER
 ST. LOUIS MO 63105**

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

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **WINTER, RICHARD L**
 CITY-ST-ZIP **1321 GREEN TREE LANE
 ST. LOUIS MO 63122**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **725 S. SKINKER**
 CITY-ST-ZIP **ST. LOUIS MO 63105**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE
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 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: *Richard L Winter* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/8/02 314-965-1991

CR2E083 (9/01)