

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000001142**

1. Entity Name

BROTHERHOODS BOND, INC.

Principal Place of Business

**7 SOUTH LIME AVENUE
SARASOTA FL 34237**

Mailing Address

**7 SOUTH LIME AVENUE
SARASOTA FL 34237**

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

65-1060581

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

**KURVIN, STEPHEN H
7 SOUTH LIME AVENUE
SARASOTA FL 34237**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOWER, ROBERT L	
STREET ADDRESS	1522 GEORGETOWN LANE	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, BENJAMIN F JR.	
STREET ADDRESS	3032 BAY	
CITY-ST-ZIP	SARASOTA FL 34237	

TITLE	D	<input type="checkbox"/> Delete
NAME	FREUND, RONALD	
STREET ADDRESS	3410 27TH PARKWAY	
CITY-ST-ZIP	SARASOTA FL 34235	

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, STEPHEN	
STREET ADDRESS	7419 CLEARWATER STREET	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN JOHNSON

Date

14 FEB 2002

Daytime Phone #

475-0258**FILED**
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90074 034 *****70.00



DO NOT WRITE IN THIS SPACE

0052907

CR2E037 (9/01)