

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N29748**

1. Entity Name

**OUR PLACE OF BRANDON, INC.**

Principal Place of Business

**1009 LITHIA-PINECREST ROAD  
BRANDON FL 33511**

Mailing Address

**1009 LITHIA-PINECREST ROAD  
BRANDON FL 33511-6711**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **59-2921950**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ROGERS, RICHARD  
508 COCOPLUM DR.  
SEFFNER FL 33584**

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

**FILE NOW:  
FEE IS \$61.25**9. 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 **CD** ☒ Delete  
NAME **RADEL, ROBERT**  
STREET ADDRESS **4002 SWEETLEAF DR**  
CITY-ST-ZIP **BRANDON FL 33511**TITLE **TD** ☐ Delete  
NAME **WILCHEK, JOANN**  
STREET ADDRESS **508 HICKORY LAKE DR**  
CITY-ST-ZIP **BRANDON FL 33511**TITLE **SD** ☐ Delete  
NAME **SMITH, LEO M JR.**  
STREET ADDRESS **3804 HARROGATE DR**  
CITY-ST-ZIP **VALRICO FL 33594**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Change ☐ Addition  
NAME **JERRY DONOVAN**  
STREET ADDRESS **510 COULTER RD.**  
CITY-ST-ZIP **BRANDON, FLA 33511**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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)(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 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: *Joann Wilchek*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

813-6514921

Date

Daytime Phone #

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90023 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE