

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N47590**

1. Entity Name

BRANDON '86 ROTARY FOUNDATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90020 024 ****61.25

Principal Place of Business 1604 HERITAGE DR VALRICE FL 33594 US	Mailing Address P.O BOX 718 BRANDON FL 33509-0718 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1604 Heritage DR. Suite, Apt. #, etc.
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City & State Valrico, FL.	4. FEI Number 65-0326962	Applied For <input type="checkbox"/> Not Applicable
Zip 33594	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PADGETT, STANLEY T
501 E KENNEDY BLVD
STE 1207
TAMPA FL 33602**

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 _____ (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 TD	<input type="checkbox"/> Delete
NAME O'NEILL, BOB	
STREET ADDRESS 1604 HERITAGE DR	
CITY-ST-ZIP VALRICO FL	
TITLE VD	<input type="checkbox"/> Delete
NAME KIZER, RANDY	
STREET ADDRESS 2312 LONG GREEN COURT	
CITY-ST-ZIP VALRICO FL	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME HALL, DAN	
STREET ADDRESS 5711 N 56TH STREET	
CITY-ST-ZIP TAMPA FL	
TITLE PD	<input type="checkbox"/> Delete
NAME MILTNER, JEFF	
STREET ADDRESS 1102 LAKEMOUNT DR	
CITY-ST-ZIP VALRICO FL	
TITLE D	<input type="checkbox"/> Delete
NAME BURLEY, MITCH	
STREET ADDRESS 1108 DEER RUN PLACE	
CITY-ST-ZIP VALRICO FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Padgett, Stanley T	
STREET ADDRESS 501 E Kennedy Blvd Suite 1207	
CITY-ST-ZIP Tampa, FL 33602	
TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<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)(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: **Robert W. O'Neill** 4/7/00 (813) 681-3397
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)