## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N50635**

1. Entity Name

BRADLEY PARK, INC.

## FILED Jan 25, 2000 8:00 am Secretary of State

					01	-25-2000 90028 036	****61.25	
Principal Place of Business Mailing Address								
44 EAST BRADLEY STREET DESTIN FL 32541 US		44 EAST BRADLEY STREET BOX 15 DESTIN FL 32541-6866 US		-	i ( <b>ER</b> 163 <b>E</b> )	<b>08: 4:::: 88::4 8::88</b> :: <b>:8: 8::: 8:::</b>	, 8184 SIBN 91311 SI	en enzn (12)
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Numbe	59-3199826		pplied For
Zip	Country	Zip	Country		5. Certificate	of Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Register	ed Agent	
[	Name							
GOODSOI	Street Address (P.O. Box Number is Not Acceptable)							
#15 DESTIN FL 32541			City		FL Zip Code			
9 The above	named entity submits this statement for	the numbers of abanding its re-	giotorod office o	r registers	d agent or bot			
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Pi	egistered Agent signa	ature required w	hen reinstating)	DA	re .	
	FILE NOW: FEE IS \$61.25	9. Election Campaign Fi Trust Fund Contribute		<b>\$5.00</b> Added (	May Be to Fees		ck Payable to ent of State	o 🥞
10.	OFFICERS AND DIR	ECTORS	11.	Aí	ODITIONS/CHA	ANGES TO OFFICERS AND	DIRECTORS IN	V 10
TITLE NAME STREET ADDRESS	PD HANNAH, WALTER 4220 CARDINAL STREET	☐ Delete	NAME STREET ADDRESS	HANI	NAH WA	NAL STAFET	<b>★</b> Change	☐ A₫ditiç
CITY-ST-ZIP	NORTHPORT AL 32476		CITY-ST-ZIP	NORT	HPORT,	AL 32476		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOODSON, PERRY F 44 E BRADLEY ST #14 DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· , , 5° 5.4	<del>Negati d</del>	ء - الما معمدی المان	☐ Change	☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAGNON, JOSEPH R P.O. BOX 325 FT MITCHELL AL 38856	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O.	YON, JOS BOX 32: MITCHE	CL. AL 3685	<b>⊠</b> Change	Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHE 44 E DES	ELER BRAI TIN FL	DOMALD C. DLEYST. #1 32541	☐ Change	Additio
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Additio
iz. inereby	certify that the information supplied with t	uns ming does not quality for th	e exemption sta	neu m Sec	1100 1 19.07(3)(1	n, morroa Statutes. Hurther	certify that the f	morriation

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:

SIGNATURE AND TYPED OR PRINTED AN