

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90031 010 ****61.25

DOCUMENT # N95000005655

1. Entity Name

BUSINESS REFERRAL NETWORK, INC.

Principal Place of Business

1737 W. OAKRIDGE ROAD
 ORLANDO FL 32809

Mailing Address

1737 W. OAKRIDGE ROAD
 ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3386910

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEMBERGER, JOHN
5705 HANSEL AVE
ORLANDO FL 32809

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	RANDY A BLACKWOOD	3206 S CONWAY RD	ORLANDO FL 32812	<input checked="" type="checkbox"/>
D	DUNLAP, SAMUEL O	1737 WEST OAK RIDGE ROAD	ORLANDO FL	<input checked="" type="checkbox"/>
D	RAYNES, WILLIAM H.	6000 S. RIO GRANDE, SUITE 103	ORLANDO FL	<input checked="" type="checkbox"/>
TD	SMITH, CONNIE	2012 KELLY CREEK CIR	OVIEDO FL 32765	<input checked="" type="checkbox"/>
P	FOOTE, DAVID	1700 NORTH ORANGE AVE	ORLANDO FL 32804	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	ALAN Schwartz	1241 Semoran Blvd	Suite 147 Casselberry, FL 32707	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Anita Urban	4530 S Semoran	Orlando, FL 32822	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Susan Eveland.	P.O.B 621629	Oviedo, FL 32762	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tres.

Anita Urban

1/18/01

407 249 0801

Date

Daytime Phone #

CR2E037 (10/00)