

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90005 005 \*\*\*\*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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3386910**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**STEMBERGER, JOHN  
 5705 HANSEL AVE  
 ORLANDO FL 32809**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRAD SIEBERT</b>	
STREET ADDRESS	<b>5031 ST. GERMAN AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32812</b>	
TITLE	<b>D P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARY BOWMAN</b>	
STREET ADDRESS	<b>710 W. COLONIAL DR # 205</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
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)(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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/19/02 407 851 3075*

CR2E037 (9/01)