

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90537 041 ****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

Zip

Country

Zip

Country

4. FEI Number **59-3386910**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RANDY A BLACKWOOD**
STREET ADDRESS **3206 S CONWAY RD**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **D** ☐ Delete
NAME **DUNLAP, SAMUEL O**
STREET ADDRESS **1737 WEST OAK RIDGE ROAD**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ Delete
NAME **RAYNES, WILLIAM H.**
STREET ADDRESS **6000 S. RIO GRANDE, SUITE 103**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ Delete
NAME **BRAD, SIEBERT**
STREET ADDRESS **5031 ST GERMAN AVE UE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **DP** ☒ Delete
NAME **BOWMAN, MARY**
STREET ADDRESS **710 W COLINIAL DRIVE STE 205**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Director Craig Reahl**
STREET ADDRESS **1024 N. MILLS AVE**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE ☐ Change ☒ Addition
NAME **Director David Foote**
STREET ADDRESS **2241 Hoffner Ave**
CITY-ST-ZIP **Orlando FL 32808**

TITLE ☐ Change ☐ Addition
NAME **Officer-President Nancy Lambert**
STREET ADDRESS **5707 Red Bry Lake Rd #103**
CITY-ST-ZIP **Winter Springs FL 32708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

Nancy Lambert Pres 4/23/03 407-327-3017

CR2E037 (10/02)