

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90125 046 ****61.25

DOCUMENT # N96000005467

1. Entity Name

FRIENDS OF BRADLEY'S COUNTRY STORE, INC.

Principal Place of Business

Mailing Address

**10610 CENTERVILLE RD
TALLAHASSEE FL 32308
US**

**10610 CENTERVILLE RD
TALLAHASSEE FL 32308
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3567047

Applied For

Not Applicable

Zip

Country

Zip

Country

32309

32309

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRADLEY PARKER, JANET
10610 CENTERVILLE RD
TALLAHASSEE FL 32308**

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	PD	<input type="checkbox"/> Delete
NAME	BRADLEY PARKER, JANET	
STREET ADDRESS	10610 CENTERVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OBRECHT, JULIE BRADLEY	
STREET ADDRESS	10601 CENTERVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRADLEY, FRANK BENTON	
STREET ADDRESS	RT 3, BOX 610	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRADLEY, LILLIAN BROW	
STREET ADDRESS	RT 3, BOX 610	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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** **5/1/02** **(850)843-1647**
Date Daytime Phone #

CR2E037 (9/01)