

# 2000 UNIFORM BUSINESS REPORT (UBR)

7.

DOCUMENT # N99000007217

1. Entity Name

BROOKS BOXERS, INCORPORATION

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90010 038 \*\*\*\*70.00

Principal Place of Business

1507 NORTH A STREET WEST  
TAMPA FL 33606

Mailing Address

1507 NORTH A STREET WEST  
TAMPA FL 33606

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

59-3608458

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROOKS, JOHN SR.  
1507 NORTH A STREET WEST  
TAMPA FL 33606

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  
After September 13, 2000 min. will be \$236.25

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	P	<input type="checkbox"/> Delete
NAME	BROOKS, JOHN SR.	
STREET ADDRESS	1507 NORTH A STREET WEST	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROOKS, JOHN JR.	
STREET ADDRESS	1507 NORTH A STREET WEST	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHERMAN, CHRISTY	
STREET ADDRESS	1507 NORTH A STREET WEST	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHERMAN, MARY	
STREET ADDRESS	1507 NORTH A STREET WEST	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM BROOKS	
STREET ADDRESS	4920 83RD STREET	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATASHIA BROOKS	
STREET ADDRESS	307 N. ALBANY	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARYANN WINDHAM	
STREET ADDRESS	6218 N. 43RD ST.	
CITY-ST-ZIP	TAMPA, FL 33610	
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)(l), 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 IKG empowered.

SIGNATURE:

*John Brooks Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-00 813-251-1907  
Date Daytime Phone #