

2001 UNIFORM BUSINESS-REPORT (UBR)

DOCUMENT # P00000049077

1. Entity Name

BRANIER ORTHOPEDIC, INC.

Principal Place of Business

4933 SHERIDAN STREET
HOLLYWOOD FL 33021

Mailing Address

4933 SHERIDAN STREET
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LANIER, KAREN
4933 SHERIDAN STREET
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

William LANIER

Street Address (P.O. Box Number is Not Acceptable)

4933 SHERIDAN ST

City

Hollywood

FL

Zip Code
33021

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

Karen Lanier

William Lanier 4-10-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME LANIER, KAREN
STREET ADDRESS 4933 SHERIDAN STREET
CITY-ST-ZIP HOLLYWOOD FL 33021 ☒ Delete

TITLE S
NAME FILIPPELLI, TERRY
STREET ADDRESS 4933 SHERIDAN STREET
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME William LANIER
STREET ADDRESS 4933 SHERIDAN ST
CITY-ST-ZIP Hollywood FL 33021 ☒ Change ☒ Addition

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Lanier William Lanier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

9549663960

Date

Daytime Phone #

Terry Filippelli Terry Filippelli

4-10-01

9549663960

CR2E034 (10/00)

0107280

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90097 048 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1086220

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required