

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State
 03-07-2001 90616 050 ***150.00

DOCUMENT # P00000049364

1. Entity Name
RUSSELL BROOKS PROPERTIES, INC.

Principal Place of Business
616 ASHE STREET
KEY WEST FL 33040
PLEASE NOTE CHANGE OF ADDRESS

Mailing Address
616 ASHE STREET
KEY WEST FL 33040

2. Principal Place of Business
1209 Washington St
 Suite, Apt. #, etc.

3. Mailing Address
1209 WASHINGTON ST.
 Suite, Apt. #, etc.

City & State
KEY WEST, FL
 Zip
33040
 Country
USA

City & State
KEY WEST, FL
 Zip
33040
 Country
USA

4. FEI Number
65-1023936
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BROOKS, BARI
616 ASHE STREET
KEY WEST FL 33040

7. Name and Address of New Registered Agent
 Name
BARI BROOKS
 Street Address (P.O. Box Number is Not Acceptable)
1209 WASHINGTON ST
KEY WEST FL 33040

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 Bari Brooks DATE 3/1/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, BARI		NAME	BARI BROOKS	
STREET ADDRESS	616 ASHE STREET	Just address change.	STREET ADDRESS	1209 WASHINGTON ST.	
CITY-ST-ZIP	KEY WEST FL 33040		CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MARTIN J. RUSSELL	
STREET ADDRESS			STREET ADDRESS	1209 WASHINGTON ST.	
CITY-ST-ZIP			CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Bari Brooks DATE 3/1/2001 DAYTIME PHONE # 941.954.5583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)