

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33618

1. Entity Name

W.C. BRADLEY CO.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90093 036 \*\*\*150.00

Principal Place of Business

Mailing Address

1017 FRONT AVE.  
COLUMBUS GA 31901  
US

P.O. BOX 140  
COLUMBUS GA 31902-0140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1605660

Applied For

Not Applicable

Zip

Country

Zip

Country

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

F&L CORP.  
200 LAURA ST.  
JACKSONVILLE FL 32202

Name

CT Corporation System

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

1200 South Pine Island Rd.

City

Plantation

FL

Zip Code

33324

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 reinstalling)

DATE

JENNIFER F FAULTMAN  
ASSISTANT SECRETARY

3-10-00

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, 2000 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	CEO	<input type="checkbox"/> Delete
NAME	BUTLER, STEPHEN T	
STREET ADDRESS	1017 FRONT AVE.	
CITY-ST-ZIP	COLUMBUS GA 31901	
TITLE	COO	<input type="checkbox"/> Delete
NAME	TURNER, WILLIAM B JR.	
STREET ADDRESS	1017 FRONT AVE.	
CITY-ST-ZIP	COLUMBUS GA 31901	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	MARTIN, CALVIN J JR.	
STREET ADDRESS	1017 FRONT AVE.	
CITY-ST-ZIP	COLUMBUS GA 31901	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WRIGHT, ROBERT H JR.	
STREET ADDRESS	1017 FRONT AVE.	
CITY-ST-ZIP	COLUMBUS GA 31901	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FOWLER, RICHARD W	
STREET ADDRESS	1017 FRONT AVE.	
CITY-ST-ZIP	COLUMBUS GA 31901	
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		
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		
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		

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:

Richard W. Fowler  
Assistant Secretary

3/15/2000

Date

706-571-6050

Daytime Phone #

CR2E034 (9/99)