

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39407

1. Entity Name

BRAISHFIELD ASSOCIATES, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90010 040 ***150.00

Principal Place of Business

Mailing Address

5950 HAZELTIME NATIONAL DR
SUITE 650
ORLANDO FL 32822
US

342 SCHUYLER AVE
C/O JOHN ROULETT
KEARNY NY 07032-4003
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2455609

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

MILLER, WILTON R.
BRYANT, MILLER & OLIVE, P.A.
201 SOUTH MONROE STREET, SUITE 500
TALLAHASSEE FL 32301

Name

Michael Hoagland

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

5950 Hazeltine National Dr.

Suite 650

City

Orlando

FL

Zip Code

32822

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

Michael Hoagland

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

(NOTE: Registered Agent signature required when reinstating)

4/26/2000
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, 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 **P** ☐ Delete
NAME **MCCAHL, JAMES J.**
STREET ADDRESS **1700 RT 3 WEST**
CITY-ST-ZIP **CLIFTON NJ**

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

TITLE **S** ☒ Delete
NAME **COOK-KENNEDY, KATHLEEN**
STREET ADDRESS **1700 RT 3 WEST**
CITY-ST-ZIP **CLIFTON NJ**

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

TITLE **I** ☐ Delete
NAME **ROULETT, JOHN P.**
STREET ADDRESS **342 SCHUYLER AVE.**
CITY-ST-ZIP **KEARNY NJ**

TITLE **S/T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KENNEDY, FRANCIS P.**
STREET ADDRESS **217 SQUAAN BEACH DR.**
CITY-ST-ZIP **MANTOLOKING NJ**

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

TITLE **VP** ☐ Delete
NAME **MICHAEL HOAGLAND**
STREET ADDRESS **700 S. BABCOCK ST.**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5950 Hazeltine National Dr.**
CITY-ST-ZIP **Orlando, FL 32822**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D Frederick J. Kennedy**
STREET ADDRESS **342 Schuyler Ave.**
CITY-ST-ZIP **Kearny NJ 07032**

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:

John P. Roulett, Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
Date

201-998-4142
Daytime Phone #

CR20014 (3/99)