

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028030

1. Entity Name  
**BRIGHTON PARTNERS, INC.**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90162 030 \*\*\*150.00

Principal Place of Business Mailing Address  
1189 TALLEVAST RD 1189 TALLEVAST RD  
SARASOTA FL 34243 SARASOTA FL 34243-3261  
US US

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 **65-0498306** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**BURSTEIN, ALBERT H**  
**2110 HARBOURSIDE DRIVE**  
**SUITE 552**  
**LONGBOAT KEY FL 34228**

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 \_\_\_\_\_ (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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS  
TITLE P ☐ Delete  
NAME **BURSTEIN, ALBERT H**  
STREET ADDRESS **636 MOURNING DOVE DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34236**  
TITLE ST ☐ Delete  
NAME **BURSTEIN, MYRA**  
STREET ADDRESS **P. O. BOX 425**  
CITY-ST-ZIP **CHILMARK MA**  
TITLE VP ☐ Delete  
NAME **BURSTEIN, JEFFREY R**  
STREET ADDRESS **427 WOOD DUCK DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34236**  
TITLE D ☐ Delete  
NAME **LI, STEPHEN**  
STREET ADDRESS **20 BANFF DR**  
CITY-ST-ZIP **LAWRENCEVILLE NJ**  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **PO BOX 498**  
CITY-ST-ZIP **CHILMARK MA 02535**  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ 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: Myra Burstein **SIGNATURE REQUIRED** 1/8/00 941 359 6361  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)