

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043570

1. Entity Name

THE BUCHANAN GROUP OF BREVARD, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90109 040 \*\*\*158.75

Principal Place of Business Mailing Address  
 ATTN: ~~DEBORAH KEMPS~~ Corp. Acctg. ATTN: ~~DEBORAH KEMPS~~ Corp. Acctg.  
 375 COMMERCE PARKWAY, SUITE 201 375 COMMERCE PARKWAY, SUITE 201  
 ROCKLEDGE FL 32955 ROCKLEDGE FL 32955-4209



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 Attn: Corporate Accounting Attn: Corporate Accounting  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 375 Commerce Parkway 375 Commerce Parkway  
 City & State City & State  
 Rockledge, FL 32955 Rockledge, FL 32955  
 Zip Country Zip Country  
 32955 USA 32955 USA

4. FEI Number 59-3253043 Applied For  
 Not Applicable

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

BUCHANAN, MARK S  
 375 COMMERCE PKWY  
 SUITE 201  
 ROCKLEDGE FL 32955

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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. ☐ (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	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUCHANAN, MARK S			NAME			
STREET ADDRESS	375 COMMERCE PKWY SUITE 201			STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONG, DONALD J			NAME			
STREET ADDRESS	375 COMMERCE PKWY SUITE 201			STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TEAGUE, TONI M			NAME			
STREET ADDRESS	375 COMMERCE PKWY SUITE 201			STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEMPS, DEBORAH L			NAME			
STREET ADDRESS	375 COMMERCE PKWY SUITE 201			STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			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: Donald J. Long  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)