## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P94000094296 Jan 30, 2001 8:00 am Secretary of State BRINKLEY FAMILY CORPORATION, INC. 01-30-2001 90058 034 \*\*\*150.00 Mailing Address Principal Place of Business **ROUTE 31, BOX 156** ROUTE 31, BOX 156 TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 2. Principal Place of Business 3. Mailing Address 3100 LANDER PLACE 3100 LANDER PLAN Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-3287766 Tallahass ec Not Applicable Allahassen \$8.75 Additional Zip Country Zip П 5. Certificate of Status Desired 32312 Fee Required 32312 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent New mani LAUDER, WILMA B Street Address (P.O. Box Number is Not Acceptable) RT 31 BOX 156 TALLAHASSEE FL 32312 TALLAMASSAL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees $\Box$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE BRINKLEY, ROBERT T III NAME NAME **4222 NORTH OCEAN DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD BEACH FL 33019 ☐ Addition ☐ Delete TITLE TITLE LAUDER, WILMA B NAME STREET ADDRESS STREET ADDRESS **ROUTE 31, BOX 156** 32312 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR