

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005811

1. Entity Name

COUNCIL'S BRADENTON RECREATION, INC.

P

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90026 029 ***150.00

Principal Place of Business

536 12TH STREET WEST
BRADENTON FL 34205

Mailing Address

536 12TH STREET WEST
BRADENTON FL 34205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0558539

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

WILCOX, DAVID W
308 13TH STREET WEST
BRADENTON FL 34205

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

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

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME MCKINNEY, BEVERLY
STREET ADDRESS 27 HERITAGE CT
CITY-ST-ZIP LAKE WYLIE SC ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIG. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

P 95000005811

AD068874

July 14, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

This letter is to notify you of non-receipt of my initial 2000 Uniform Business Report. I did receive the second notice which reminded me of this annual fee. Mrs. Tipton from my accountant's office called and spoke with someone at your office who instructed me to send this letter along with the report.

I am asking that the \$550.00 late fee please be waived. You will see that my previous reports have always been filed timely. I am enclosing with the report, the \$150.00 normally due. Please advise me if my request is granted at my business address.

Sincerely,



C. Lawton Smith



Angela M Tipton
★ My Commission CC921976
Expires March 26, 2004

