

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022356

1. Entity Name

BRAE DEVELOPMENT COMPANY, INC.

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90018 050 ***150.00

Principal Place of Business

Mailing Address

4509 KINGHT RD
STE. B-1
MACON GA 31220
US

P.O. BOX 2391
SUITE E
MACON GA 31203-2391
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 26666

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

macon, GA

Zip

Country

Zip

Country

31221-6666

USA

4. FEI Number

58-2181712

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

ROTELLA, RAYMOND
619 E WASHINGTON ST
ORLANDO FL 32802

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 \$150.00
After MAY 1, 2001 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 ☐ Delete
NAME P
STREET ADDRESS MORROW, DON
CITY-ST-ZIP 4509 KINGHT RD, STE. B-1
MACON GA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-01

478-471-6474

CR2E034 (10/00)