2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P95000066885 1. Entity Name					FILED Jan 31, 2000 8:00 am			
BRK EN	TERPRISES, INC.	·		j	Secretary	y of Stat 25 025 ***150.00	te	
Principal Plac	e of Business	Mailing Address		<u> </u>	01-31-2000 3002	23 023 130.00	,	
1921 W TENNESSEE ST TALLAHASSEE FL 32304 US		PO BOX 2645 TALLAHASSEE FL 32316-2645 US					(4) 6)((186)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE		
City & State		City & State		4. F	59-3348161		oplied For ot Applicable	
Zip	Country	Zip C	ountry		Dertificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current I			7. 1	lame and Address of New Reg		<u>-</u>	
			Name	Name				
RICHARD J BAERWALDT 1555 DELANEY DR #510			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32308			City	<u></u>		□ Zip Code		
	named entity, submits this statement for	<u></u>	City			FL		
Tax filing r	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so.		ee will be \$550	00.0	10. Election Campaign Finan Trust Fund Contribution.		May Be	
11.	OFFICERS AND I	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAERWALDT, RICHARD J. 1555 DELANEY DR, #510 TALLAHASSEE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	311 Bla Ocana	inding Blud#10 e Park, FL 32073	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHONOVER, BRIAN K. 9550-26 BAYMEADOWS ROAD JACKSONVILLE FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V		Change	☐ Addition	
TITLE NAME STREET ADDRESS	VP SCHONOVER, STEPHANIE L. 9550-26 BAYMEADOWS ROAD		TITLE NAME STREET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP	JACKSONVILLE FL 32256	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP		<u> </u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		er (Normalis)			
TITLE NAME STREET ADDRESS CITY - ST-ZIP 61 -	1 c 7 5578	stor	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, y	this filing does not qualify for the true and accurate and that my si wered to execute this report as re win all other like empowered.	exemption stated gnature shall have equired by Chapt	d in Section e the same er 607, Flori	119.07(3)(i), Florida Statutes, I fullegal effect as if made under oal da Statutes; and that my name a	urther certify that the i th; that I am an officer appears in Block 11 or	nformation or director r Block 12 if	