

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 09, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P96000018850**1. Entity Name  
B&R COMMUNICATIONS OF CENTRAL FLORIDA, INC.Principal Place of Business  
2901 CURRY FORD ROAD  
SUITE ONE  
ORLANDO FL 32806 USMailing Address  
2901 CURRY FORD ROAD  
SUITE ONE  
ORLANDO FL 32806 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3359881

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

BONNEVILLE RILEY MARY  
3540 OAKWATER POINTE DR.

ORLANDO FL 32812 US

## 7. Name and Address of New Registered Agent

Name

BONNEVILLE RILEY MARY

Street Address (P.O. Box Number is Not Acceptable)  
5220 OAK ISLAND ROADCity  
ORLANDO

FL

Zip Code  
32809

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)

04/09/2001

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

TITLE VSD ☐ Delete  
NAME RILEY JAMES M  
STREET ADDRESS 4801-1 COACHMANS DR.  
CITY-ST-ZIP ORLANDO FL 32812TITLE PTD ☐ Delete  
NAME RILEY MARY B  
STREET ADDRESS 4801-1 COACHMANS DR.  
CITY-ST-ZIP ORLANDO FL 32812TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VSD ☒ Change ☐ Addition  
NAME RILEY JAMES M  
STREET ADDRESS 5220 OAK ISLAND ROAD  
CITY-ST-ZIP ORLANDO FL 32809TITLE PTD ☒ Change ☐ Addition  
NAME BONNEVILLE RILEY MARY  
STREET ADDRESS 5220 OAK ISLAND ROAD  
CITY-ST-ZIP ORLANDO FL 32809TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:** Mary Bonneville Riley

Pres

04/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)