

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90128 027 \*\*\*150.00

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DOCUMENT # P97000039451

1. Entity Name

INTERNATIONAL ACADEMY (BRANDON), INC.

Principal Place of Business

2011 PINE LAKE DRIVE  
TAMPA FL 33612

Mailing Address

2011 PINE LAKE DRIVE  
TAMPA FL 33612

2. Principal Place of Business

2011 Pine Lake Drive

3. Mailing Address

1725 DAVIE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FLORIDA

City & State

FT Lauderdale Florida

Zip

33612

Country

Hillsborough

Zip

33312

Country

Broward

4. FEI Number

59-3445879

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROMFIELD, GARRY  
820 BRYAN RD.  
BRANDON FL 33511

7. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROMFIELD, GARRY	
STREET ADDRESS	1225 NEWPORT AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BROMFIELD, MARINA	
STREET ADDRESS	1225 NEWPORT AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROMFIELD GARRY	
STREET ADDRESS	1725 DAVIE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROMFIELD MARINA	
STREET ADDRESS	1725 DAVIE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*G. Bromfield* G. BROMFIELD

4-2-01

1954-523-9489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)