

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047716

1. Entity Name  
**BRODERICK, INC.**

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90024 029 \*\*\*158.75

Principal Place of Business      Mailing Address  
7300 E COLONIAL DRIVE      142 WILDWOOD DR  
ORLANDO FL 32773      SANFORD FL 32773-5533



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**2757 Amaya Terrace**

City & State      City & State  
**Lake Mary FL**

4. FEI Number      59-3450155      Applied For  
Not Applicable

Zip      Country      Zip      Country  
**32807      Orange      32746      Seminole**

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

6. Name and Address of Current Registered Agent  
**BRODERICK, TAMMIE L**  
**142 WILDWOOD DRIVE**  
**SANFORD FL 32773**

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 *Tammie L. Broderick*      Tammie L. Broderick President      3-25-00  
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, 2000 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BRODERICK, TAMMIE L</b>
STREET ADDRESS	<del>142 WILDWOOD DRIVE</del> <b>2757 Amaya Terr</b>
CITY-ST-ZIP	<del>SANFORD FL 32773</del> <b>Lake Mary FL 32746</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>BRODERICK, MICHAEL D.</b>
STREET ADDRESS	<del>142 WILDWOOD DR</del> <b>2757 Amaya Terrace</b>
CITY-ST-ZIP	<del>SANFORD FL 32773</del> <b>Lake Mary FL 32746</b>
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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: *Tammie L. Broderick*      Tammie L. Broderick      3-25-00 (407) 375-1225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)