

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90015 024 ***150.00

DOCUMENT # P97000060460

1. Entity Name

B.R. FITZHUGH, INC.

Principal Place of Business

Mailing Address

712 CHATHAL DR
 ORANGE PARK FL 32073

712 CHATHAL DR
 ORANGE PARK FL 32073-8403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3467747

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional

Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITZHUGH, B R
2156 AGAVE MANOR
MIDDLEBURG FL 32068

Name **B.R. FITZHUGH**

Street Address (P.O. Box Number is Not Acceptable)

712 CHATHAL DR
O.P., FL 32073

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P**
FITZHUGH, B R
 STREET ADDRESS **712 CHATHAL DR**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
FITZHUGH, MATTHEW
 STREET ADDRESS **712 CHATHAL DR**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV**
BROWN, BETTY
 STREET ADDRESS **4803 MAGILL RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32220**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Betty Rose
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-00

Date

Daytime Phone #

CFR E034 (1-99)