

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074343

1. Entity Name

A A BRINN REALTY GROUP, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90048 040 ***150.00

Principal Place of Business

1303 W. STATE RD 434
 WINTER SPRINGS FL 32708
 US

Mailing Address

1303 W. STATE RD 434
 WINTER SPRINGS FL 32708-2342
 US

2. Principal Place of Business

680 EAST SR 434
 Suite, Apt. #, etc.

3. Mailing Address

680 EAST SR 434
 Suite, Apt. #, etc.

City & State

WINTER SPRINGS, FL

City & State

WINTER SPRINGS, FL

Zip

32708

Country

US

Zip

32708

Country

US

4. FEI Number

59-3464299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BRINN, ANDREW
 1193 WEKIVA SPRING RD
 LONGWOOD FL 32739

7. Name and Address of New Registered Agent

Name

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

737 ANDOVER CIRCLE

City

WINTER SPRINGS

FL

Zip Code

32708

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

Andrew Brinn
 Signature, typed or printed name of registered agent and title if applicable.

ANDREW BRINN

(NOTE: Registered Agent signature required when reinstating)

3-2-00

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRINN, ANDREW 1303 WEST STREET ROAD 434 WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	680 EAST STATE ROAD 434 WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-2000

Date

407-327-1077

Daytime Phone #

CF 1014 (3/93)