

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075464

1. Entity Name

BUTCHER & BROD DEVELOPMENT COMPANY

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90152 048 ***158.75

Principal Place of Business

Mailing Address

19209 HWY. 41 N.
 LUTZ FL 33549

19209 HWY. 41 N.
 LUTZ FL 33549



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3314 Henderson Blvd.

3. Mailing Address

P.O. Box 18877

Suite, Apt. #, etc.

Suite # 100

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3471468

Applied For

Not Applicable

Zip

33609

Country

USA

Zip

33679

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROD, SHERMAN M
 19209 HWY. 41 N.
 LUTZ FL 33549

7. Name and Address of New Registered Agent

Name Brad, Sherman M.

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

3314 Henderson Blvd. #100

City

Tampa

FL

Zip Code

33609

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 Sherman M. Brod Sherman M. Brod 4/18/2000

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)

X

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	DP	<input type="checkbox"/> Delete
NAME	BUTCHER, ROBERT	
STREET ADDRESS	511 EMMAS GROVE RD.	
CITY-ST-ZIP	FLETCHER NC 28732	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BROD, SANDRA	
STREET ADDRESS	19209 HWY. 41 N.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BROD, SHERMAN	
STREET ADDRESS	19209 HWY. 41 N.	
CITY-ST-ZIP	LUTZ FL 33549	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	403 S. Willow Ave. Unit "A"
STREET ADDRESS	Tampa, FL 33606
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	403 S. Willow Ave. Unit "A"
STREET ADDRESS	Tampa, FL 33606
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: Sherman M. Brod Sherman M. Brod 4/18/2000 (813) 874-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #