

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094742

1. Entity Name

BROEDEL HOLDINGS, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90015 042 \*\*\*150.00

Principal Place of Business

Mailing Address

1610 NORTH CYPRESS DRIVE  
 JUPITER FL 33469

1610 NORTH CYPRESS DRIVE  
 JUPITER FL 33469-3139

2. Principal Place of Business 33469

1640 Cypress Dr. Jupiter Fl

3. Mailing Address 33469

1640 Cypress Dr. Jupiter Fla.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State  
 Jupiter Fla., 33469

City & State  
 Jupiter Fla., 33469

4. FEI Number

65-0802529

Applied For

Not Applicable

Zip  
 33469

Country  
 Palm Beach

Zip  
 33469

Country  
 Palm Beach

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

RYAN, JAMES H  
 701 U.S. HIGHWAY ONE  
 SUITE 402  
 NORTH PALM BEACH FL 33408

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, 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PST**  
**BROEDEL, FRANK J JR.**  
**1610 NORTH CYPRESS DRIVE**  
**JUPITER FL 33469**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)