

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022211

1. Entity Name

BR INVESTIGATIONS, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90045 018 \*\*\*150.00

Principal Place of Business

Mailing Address

5449 S. SEMORAN BLVD  
#221  
ORLANDO FL 32822

~~POST OFFICE BOX 560787~~  
~~ORLANDO FL 32822-1779~~

5449 S. SEMORAN  
BLVD  
#221  
Orlando FL  
32822

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3505363

Applied For

Not Applicable

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

HOSCH, ROBERT  
5449 S. SEMORAN BLVD  
STE 221  
ORLANDO FL 32822

Name

Angela E. Becker

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

5449 S. Semoran Blvd. #221

City

Orlando

FL

Zip Code

32822

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.

X *Angela E. Becker*  
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	PD	<input type="checkbox"/> Delete
NAME	HOSCH, ROBERT H JR.	
STREET ADDRESS	POST OFFICE BOX 560787	
CITY-ST-ZIP	ORLANDO FL 32856	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUTLER, C V JR.	
STREET ADDRESS	POST OFFICE BOX 560787	
CITY-ST-ZIP	ORLANDO FL 32856	
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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angela E. Becker	
STREET ADDRESS	5449 S. Semoran Blvd. #221	
CITY-ST-ZIP	Orlando, FL 32822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	
NAME	Andrea Aylett-Hosch	
STREET ADDRESS	5449 S. Semoran Blvd. #221	
CITY-ST-ZIP	Orlando, FL 32822	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Angela E. Becker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angela E. Becker

Date

Daytime Phone #

CR2E034 (9/99)