

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90129 042 \*\*\*150.00

**DOCUMENT # P98000054975**

1. Entity Name  
**BRIEF RESPITE, INC.**

Principal Place of Business  
**PO BOX HM3051**  
**HAMILTON HMNX. BERMUDA**

Mailing Address  
**PO BOX HM3051**  
**HAMILTON HMNX. BERMUDA**

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 **66-0559366**

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

**F & L CORP.**  
**THE GREENLEAF BUILDING, 3RD FL**  
**200 LAURA ST**  
**JACKSONVILLE FL 32201-0240**

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, 2001 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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GUNTHER, KEVIN</b>	
STREET ADDRESS	<b>27 REID STREET</b>	
CITY-ST-ZIP	<b>HAMILTON, HMIZ BERMUDA</b>	
TITLE	<b><del>DELETED LIMITED</del></b>	<input type="checkbox"/> Delete
NAME	<b><del>DELETED</del></b>	
STREET ADDRESS	<b><del>27 REID STREET</del></b>	
CITY-ST-ZIP	<b><del>HAMILTON HMIZ BERMUDA</del></b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b><del>DIRECTOR</del></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b><del>KEVIN GUNTHER</del></b>	
STREET ADDRESS	<b><del>27 REID STREET</del></b>	
CITY-ST-ZIP	<b><del>HAMILTON HMIZ BERMUDA</del></b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**K.E. GUNTHER**

**22 JAN 01**

**441 245 1820**

Date

Daytime Phone #

CR2E034 (10/00)