

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009982

1. Entity Name

BRYAN SCOT HOMES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90088 041 ***150.00

Principal Place of Business

Mailing Address

314 W. RIO VISTA CT.
TAMPA FL 33604

314 W. RIO VISTA CT.
TAMPA FL 33604-6941

2. Principal Place of Business

3426 W. Minnehaha St

3. Mailing Address

3959 Van Dyke Rd.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

206

City & State

Tampa, Florida

City & State

Lutz, Florida

4. FEI Number

59-3553385

Applied For

Not Applicable

Zip

33614

Country

USA

Zip

33549

Country

USA

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

FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DR., #37
PALM HARBOR FL 34684

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 **P** ☐ Delete
NAME **BRIGNER, BRYAN L**
STREET ADDRESS **314 W. RIO VISTA CT.**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **President** ☐ Change ☒ Addition
NAME **Chard, Ron S.**
STREET ADDRESS **3426 W. Minnehaha St.**
CITY-ST-ZIP **Tampa, FL. 33614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Brigner, Bryan L.**
STREET ADDRESS **603 Macedonia Ln.**
CITY-ST-ZIP **Colonial Beach, VA.. 22443.**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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: **RON S. CHARD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 813-245-7430

CR2E034 (9/99)