2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012146

1. Entity Name

BRIARWOOD VILLAGE, INC.

Principal Place of Business	Mailing Address
10545-10553 SPRING HILL DR. SPRING HILL FL 34608	10545-10553 SPRING HILL DR. SPRING HILL FL 34608

2. Principal Place of Business	3. Mailing Address 9131 Blaine Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State SPRING HILL FL	**4.** FEI Number 59-3557266 — Applied For / Not Appl.
Zip / Country	Zip 34608 / 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
DEVITO, HENRY 10545-10553 SPRING HILL DR. SPRING HILL FL 34608	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 Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **D**		☐ Delete	TITLE		☐ Change ☐
NAME **DEVITO, HENRY**			NAME		
STREET ADDRESS **9131 BLAINE RD.**			STREET ADDRESS		
CITY-ST-ZIP **SPRING HILL FL 34608**			CITY-ST-ZIP		
TITLE **D**		☐ Delete	TITLE		☐ Change ☐
NAME **SMITH, BILL**			NAME		
STREET ADDRESS **9131 BLAINE RD.**			STREET ADDRESS		
CITY-ST-ZIP **SPRING HILL FL 34608**			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _Henry DeVito_ Pres.   02-10-2000   666-7441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #