

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90019 048 \*\*\*150.00

**DOCUMENT # P99000020481**

1. Entity Name

**THE BRENTWOOD BUSINESS GROUP, INC.**

Principal Place of Business

Mailing Address

**765 BRENTWOOD POINT  
NAPLES FL 33963**

**765 BRENTWOOD POINT  
NAPLES FL 34110-7915**

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2. Principal Place of Business

3. Mailing Address

**4081 TAMiami TRAIL N.**

**P.O. Box 770535**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE C105**

City & State

City & State

**NAPLES, FL**

**NAPLES, FL**

Zip

Country

Zip

Country

**34103**

**USA**

**34107**

**USA**

4. FEI Number

**59-3561023**

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

**ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE  
SUITE 125  
CORAL GABLES FL 33146**

Name

**KENNETH P. ENGLER**

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

**2318 MILL STREAM COURT**

City

**NAPLES**

FL

Zip Code

**34109**

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]*

**KENNETH P. ENGLER, SEC/TRE/DIR.**

**1-7-2000**

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

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | PD                  | <input type="checkbox"/> Delete |
| NAME           | LYONS, SUSAN K      |                                 |
| STREET ADDRESS | 765 BRENTWOOD POINT |                                 |
| CITY-ST-ZIP    | NAPLES FL 33963     |                                 |
| TITLE          | PD                  | <input type="checkbox"/> Delete |
| NAME           | CROUCH, STEPHEN B   |                                 |
| STREET ADDRESS | 765 BRENTWOOD POINT |                                 |
| CITY-ST-ZIP    | NAPLES FL 33963     |                                 |
| TITLE          | STD                 | <input type="checkbox"/> Delete |
| NAME           | ENGLER, KENNETH P   |                                 |
| STREET ADDRESS | 765 BRENTWOOD POINT |                                 |
| CITY-ST-ZIP    | NAPLES FL 33963     |                                 |
| 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    |                     |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                |                                                                            |
|----------------|--------------------------------|----------------------------------------------------------------------------|
| TITLE          | PD                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete |
| NAME           | LYONS, SUSAN K.                |                                                                            |
| STREET ADDRESS | 765 BRENTWOOD POINT            |                                                                            |
| CITY-ST-ZIP    | NAPLES, FL 34110               |                                                                            |
| TITLE          | VD                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete |
| NAME           | CROUCH, STEPHEN B.             |                                                                            |
| STREET ADDRESS | 8805 TAMiami TRAIL N., PMB 222 |                                                                            |
| CITY-ST-ZIP    | NAPLES, FL 34108               |                                                                            |
| TITLE          | STD                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete |
| NAME           | ENGLER, KENNETH P.             |                                                                            |
| STREET ADDRESS | 2318 MILL STREAM COURT         |                                                                            |
| CITY-ST-ZIP    | NAPLES, FL 34109               |                                                                            |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Delete            |
| NAME           |                                |                                                                            |
| STREET ADDRESS |                                |                                                                            |
| CITY-ST-ZIP    |                                |                                                                            |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Delete            |
| NAME           |                                |                                                                            |
| STREET ADDRESS |                                |                                                                            |
| CITY-ST-ZIP    |                                |                                                                            |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Delete            |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SUSAN LYONS, PRES.**

Date

**1-7-2000**

Daytime Phone #

**(941)659-1111**