

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026913

1. Entity Name

BRUNNER CONSTRUCTION, INC.

Principal Place of Business

129 S. COMMERCE AVE.
SEBRING FL 33870

Mailing Address

129 S. COMMERCE AVE.
SEBRING FL 33870-3602

2. Principal Place of Business

3345 Lake Josephine Dr
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Placid, FL

City & State

Zip 33852

Country USA

Zip

Country

4. FEI Number

65-0907346

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F P.A.
129 S. COMMERCE AVE.
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name RANDY M. BRUNNER
Street Address (P.O. Box Number is Not Acceptable) 3345 Lake Josephine Drive
City Lake Placid FL Zip Code 33852

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

2-15-00

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	D	<input type="checkbox"/> Delete
NAME	BRUNNER, RANDY M	
STREET ADDRESS	3319 MILDRED ST.	
CITY-ST-ZIP	SEBRING FL 33872	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNNER, RANDY M	
STREET ADDRESS	3345 Lake Josephine Dr.	
CITY-ST-ZIP	Lake Placid, FL 33852	
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		
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

Randy M. Brunner 2-15-00 (863) 382-7714

Date

Daytime Phone #

CR2E034 (9/99)