

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027242

1. Entity Name

BRESSLER HOLDING CO., INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90029 010 ***150.00

Principal Place of Business

Mailing Address

9419 BELMONT TERR.
 OVIEDO FL 32765

9419 BELMONT TERR.
 OVIEDO FL 32789-2549

2. Principal Place of Business

3. Mailing Address

170 W. Fairbanks Ave.

170 W. Fairbanks Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

102

City & State
 Winter Park, FL

City & State
 Winter Park, FL

Zip
 32789

Country
 USA

Zip
 32789

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

39-3577632

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

LUSSIER, JAMES R
 225 E. ROBINSON ST., STE. 600
 ORLANDO FL 32801

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 BRESSLER, DAVID E
 9419 BELMONT TERR.
 OVIEDO FL 32765 ☐ Delete

TITLE
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 CITY-ST-ZIP
 D
 Bressler, DAVID E.
 170 W. Fairbanks Ave. Suite 102
 Winter Park, FL 32789 ☒ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ Addition

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)