

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044069

1. Entity Name

BRESSLER REAL ESTATE CO., INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90483 010 \*\*\*150.00

Principal Place of Business

9419 BELMONT TERR.  
 OVIEDO FL 32765

Mailing Address

9419 BELMONT TERR.  
 OVIEDO FL 32789-2549

2. Principal Place of Business

170 W. Fairbanks Ave

3. Mailing Address

170 W. Fairbanks Ave

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

Winter Park, FL 32789

City & State

Winter Park, FL 32789

4. FEI Number

59-3582686

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

32789

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
 NAME Bressler, DAVID E.  
 STREET ADDRESS 170 W. Fairbanks Ave, Suite 102  
 CITY-ST-ZIP Winter Park, FL 32789

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

Daytime Phone #