

2000 UNIFORM BUSINESS REPORT (UBR)

0589281

DOCUMENT # P99000063849

1. Entity Name

BRISE COMPANY

FILED

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Principal Place of Business

2301 ORANGE PARK AVE., STE. 404
ORANGE PARK FL 32073

Mailing Address

2301 ORANGE PARK AVE., STE. 404
ORANGE PARK FL 32073

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

777 S. Flagler Drive

3. Mailing Address

777 S. Flagler Drive

Suite, Apt. #, etc.

Suite 1900W

Suite, Apt. #, etc.

Suite 1900W

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33401-6198

Country

USA

Zip

33401-6198

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

THOMPSON, WILLIAM L JR.
2301 ORANGE PARK AVE., STE. 404
ORANGE PARK FL 32073

Name

Michael E. Botos

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

777 S. Flagler Drive

Suite 1900W

City

West Palm Beach,

FL

Zip Code

33401-6198

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

4-26-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME THOMPSON, WILLIAM L JR.
STREET ADDRESS 2301 ORANGE PARK AVE., STE. 404
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE **P,S,T,D** ☐ Change ☒ Addition
NAME Michael E. Botos
STREET ADDRESS 777 S. Flagler Drive
CITY-ST-ZIP West Palm Beach, FL 33401-6198

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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)(l), 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

4-26-00

Date

Daytime Phone #

CR2E034 (9/99)