

2000 UNIFORM BUSINESS REPORT (UBR)

0589281

DOCUMENT # P99000063849

1. Entity Name
BRISE COMPANY

FILED
00 APR 27 PM 1:36

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 DATE **4-26-00**

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	<input checked="" type="checkbox"/> Delete
D	THOMPSON, WILLIAM L JR.	2301 ORANGE PARK AVE., STE. 404	ORANGE PARK FL 32073	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P, S, T, D	Michael E. Botos	777 S. Flagler Drive	West Palm Beach, FL 33401-6198	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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05/03/00 0149 001
*****300.00 ***150.00**

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: DATE **4-26-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)