

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000102234**

1. Entity Name

BROPHY ENTERPRISES, INC.**FILED****00 OCT 17 AM 9:38****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****80108813**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2124 N.W. 142ND AVENUE
GAINESVILLE FL 32609

Mailing Address

2124 N.W. 142ND AVENUE
GAINESVILLE FL 32609

2. Principal Place of Business

1017 WEST UNIVERSITY AVENUE
Suite, Apt. #, etc.

3. Mailing Address

2124 N.W. 142ND AVENUE
Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

59-3610457

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

BROPHY, PAUL
2124 N.W. 142ND AVENUE
GAINESVILLE FL 32609

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	MADELEN BROPHY	2124 N.W. 142ND AVENUE	GAINESVILLE FL 32609	(PRESIDENT)

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	PAUL BROPHY	2124 N.W. 142ND AVENUE	GAINESVILLE FL 32609	VICE PRESIDENT

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE	NAME	STREET ADDRESS	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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9/7/2000

Date

352-374-6777

Daytime Phone #