

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S90509

1. Entity Name

BRADENTON-SIMPSON, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90040 036 \*\*\*150.00

Principal Place of Business

Mailing Address

700 N FAIRFAX STREET  
SUITE 300  
ALEXANDRIA VA 22314  
US

PO BOX 430  
ALEXANDRIA VA 22313-0430  
US

2. Principal Place of Business

3. Mailing Address

2121 Eisenhower Avenue  
Suite, Apt. #, etc.  
300

Same  
Suite, Apt. #, etc.

City & State

Alexandria, VA

City & State

4. FEI Number

54-1603562

Applied For

Not Applicable

Zip

Country

22314

Zip

Country

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

GREENE, ROBERT F.  
1301 SIXTH AVENUE WEST  
SUITE 505  
BRADENTON FL 34205

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 PD  
NAME SIMPSON, DONALD F  
STREET ADDRESS 700 N FAIRFAX STREET, SUITE 300  
CITY-ST-ZIP ALEXANDRIA VA ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2121 Eisenhower Avenue, Suite 300  
CITY-ST-ZIP Alexandria, VA 22314

TITLE VD  
NAME SIMPSON, DONALD F JR  
STREET ADDRESS 700 N FAIRFAX STREET, SUITE 300  
CITY-ST-ZIP ALEXANDRIA VA ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2121 Eisenhower Avenue, Suite 300  
CITY-ST-ZIP Alexandria, VA 22314

TITLE TSD  
NAME KAHAN, LAWRENCE E  
STREET ADDRESS 700 N FAIRFAX STREET, SUITE 300  
CITY-ST-ZIP ALEXANDRIA VA ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2121 Eisenhower Avenue, Suite 300  
CITY-ST-ZIP Alexandria, VA 22314

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 all other like empowered.

SIGNATURE:

*Lawrence Kahan* LAWRENCE KAHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00

Date

(703) 299-0029

Daytime Phone #

CR2E034 (9/99)