

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V37116

1. Entity Name

BRICK ENTERPRISES, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90009 018 ***158.75

Principal Place of Business

ORLANDO FITNESS AND RACQUET CLUB
825 COURTLAND ST.
ORLANDO FL 32804
US

Mailing Address

825 COURTLAND STREET
ORLANDO FL 32804-1306
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3126232

Applied For

Not Applicable

Zip

Country

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

BRICK, JOHN C.
ORLANDO FITNESS AND RACQUET CLUB
825 COURTLAND STREET
ORLANDO FL 32804

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRICK, JOHN C. 917 WARBLER CT. PORT ORANGE FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRICK, LOURDES G. 917 WARBLER CT. PORT ORANGE FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRICK, C. VICTOR 2003 DUMONT RD TIMONIUM MD 21093	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRICK, LYNNE G. 2003 DUMONT RD TIMONIUM MD 21093	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BRICK, MERRILL J. 5500 KINGSWOOD DR ORLANDO FL 32810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRICK, SHERRY C. 5500 KINGSWOOD DR ORLANDO FL 32810	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRICK, C VICTOR - <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2631 POT SPRINGS ROAD TIMONIUM, MD 21093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRICK, LYNNE G. <input type="checkbox"/> Change <input type="checkbox"/> Addition 2631 POT SPRINGS ROAD TIMONIUM, MD 21093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

John C. Brick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

Date

407-645-3550

Daytime Phone #

or 904-788-7317

CR2E034 (9/99)