

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719289

1. Entity Name

THE BRISTOL HOUSE OWNERS ASSOCIATION, INC.

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90060 006 ****61.25

Principal Place of Business

528 BARCELONA AVE.
VENICE FL 34285

Mailing Address

528 BARCELONA AVE.
VENICE FL 34285

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1432047

Applied For

Not Applicable

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

BYKE, SHIRLEY
528 BARCELONA AVE #112
VENICE FL 34285

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DP
STREET ADDRESS ERKILLA, JACK
CITY-ST-ZIP 200 N PARK BLVD #104
VENICE FL 34285

TITLE ☐ Delete
NAME VD
STREET ADDRESS BELL, LORRAINE
CITY-ST-ZIP 528 BARCELONA AVE #114
VENICE FL 34285

TITLE ☐ Delete
NAME S
STREET ADDRESS BYKE, SHIRLEY
CITY-ST-ZIP 528 BARCELONA AVE #112
VENICE FL 34285

TITLE ☐ Delete
NAME D
STREET ADDRESS MORINI, ALICE
CITY-ST-ZIP 528 BARCELONA #217
VENICE FL 34285

TITLE ☒ Delete
NAME D
STREET ADDRESS HUYER, FLORENCE
CITY-ST-ZIP 528 BARCELONA #113
VENICE FL 34285

TITLE ☐ Delete
NAME T
STREET ADDRESS WHALEN, BRUCE
CITY-ST-ZIP 200 PARK BLVD #108
VENICE FL 34285

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS CRONIN, WALTER
CITY-ST-ZIP 200 PARK BLVD N # 208
VENICE, FL 34285

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (9/01)