

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720601

1. Entity Name

CHATEAUX DE BARDMOOR, INC., NO. 6, A CONDOMINIUM

Principal Place of Business

8300 BARDMOOR BLVD.
LARGO FL 33777
US

Mailing Address

8300 BARDMOOR BLVD
APT 201
LARGO FL 33777
US

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

59-2110099

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

MERKEY, JANE
8300 BARDMOOR BLVD
APT 201
LARGO FL 33777

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

Jane Merkey

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-10-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEICHKO, RON 8300 BARDMOOR BLVD #202 LARGO FL 33777	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EHLERS, BILL 8200 BARDMOOR BLVD #203 LARGO FL 33777	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MERKEY, JANE 8300 BARDMOOR BLVD #201 LARGO FL 33777	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVER, DEAN 8300 BARDMOOR BLVD #109 LARGO FL 33777	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLESPIE, JANE 8300 BARDMOOR BLVD #210 LARGO FL 33777	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOONTZ, AL 8300 BARDMOOR BLVD #107 LARGO FL 33777	☐ Delete

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

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:

Jonathan M. Silver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/10/02

Date

Daytime Phone #

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90003 019 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)