

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90185 031 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 726417**

1. Entity Name  
**4 BRITTONS OF BARDMOOR, INC.**

Principal Place of Business      Mailing Address

**8316 BARDMOOR BLVD**      **8316 BARDMOOR BLVD**  
**APT B**      **APT B**  
**LARGO FL 33777**      **LARGO FL 33777-2046**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

**20 SAILWINDS PROP. MGMT.**      **20 SAILWINDS PROP. MGMT.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**1583 S. BELCHER RD-#B**      **1583 S. BELCHER RD-#B**

City & State      City & State

**CLEARWATER, FL**      **CLEARWATER, FL**

Zip      Country      Zip      Country

**33764**      **PINELLAS**      **33764**      **PINELLAS**

6. Name and Address of Current Registered Agent

**DERDERIAN, SARK D.O**  
**8316 BARDMOOR BLVD**  
**APT A**  
**LARGO FL 33777**

4. FEI Number      Applied For

**59-2871213**       Not Applicable

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

7. Name and Address of New Registered Agent

Name  
**CAROL L. STANEK LCAM**

Street Address (P.O. Box Number is Not Acceptable)  
**SAILWINDS PROPERTY MGMT. INC**  
**1583 S. BELCHER RD-#B**

City      State      Zip Code  
**CLEARWATER**      **FL**      **33764**

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 *Carol L Stanek*      DATE **4/6/00**

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          | <b>PD</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>SARKIS DERDERIAN, D.O.</b> |                                 |
| STREET ADDRESS | <b>8316-A BARDMOOR BLVD</b>   |                                 |
| CITY-ST-ZIP    | <b>LARGO FL</b>               |                                 |
| TITLE          | <b>VD</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>WHITE MARGARET</b>         |                                 |
| STREET ADDRESS | <b>8316B BARDMOOR BLVD</b>    |                                 |
| CITY-ST-ZIP    | <b>LARGO FL</b>               |                                 |
| TITLE          | <b>STD</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>HOPMAN LUCY</b>            |                                 |
| STREET ADDRESS | <b>8316C BARDMOOR BLVD</b>    |                                 |
| CITY-ST-ZIP    | <b>LARGO FL</b>               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *SARKIS DERDERIAN*      DATE: **4/6/00**      DAYTIME PHONE #: **727-536-7468**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)