

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90062 017 ****61.25

DOCUMENT # 726470

1. Entity Name

BUCCANEER CONDOMINIUM, INC.

Principal Place of Business

1175 N HIGHWAY A-1-A
 SATELLITE BEACH FL 32937
 US

Mailing Address

P O BOX
 MELBOURNE BEACH FL 32951
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 510506

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne Beach FL

4. FEI Number

59-1595065

Applied For

Not Applicable

Zip

Country

Zip

Country

32951-0506

USA

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

RICHARD WRENN, ALL AROUND CON
406 AVE B
P O BOX 510455
MELBOURNE FL 32951



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

RICHARD WRENN

4-20-00

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	DP	<input checked="" type="checkbox"/> Delete
NAME	HIGGINSON, WILLIAM	
STREET ADDRESS	1175 HWY A-1-A 601	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	DELLORUSSO, RICHARD	
STREET ADDRESS	1175 HWY A-1-A 808	
CITY-ST-ZIP	SATELLITE EBACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANVIL, DAVID	
STREET ADDRESS	1175 HWY A1A #603	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HART, JACK	
STREET ADDRESS	1175 HWY A1A #808	
CITY-ST-ZIP	SATELLITE BCH FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, MARIE	
STREET ADDRESS	1175 HWY A-1-A 609	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	JONES, FRANK	
STREET ADDRESS	1175 HWY A-1-A 810	
CITY-ST-ZIP	SATELLITE EBACH FL	

TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURDSALL, MILTON	
STREET ADDRESS	46 Grand Banks Circle	
CITY-ST-ZIP	Marlton, NJ 08053	
TITLE	DT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEDWEDEFF, CHANNING	
STREET ADDRESS	1882 Foxstone Dr.	
CITY-ST-ZIP	Vienna, VA 22182	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROKUS, JOSEPH	
STREET ADDRESS	1175 Highway A1A, #209	
CITY-ST-ZIP	Satellite Beach, FL 32937	
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	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIEMI, RAYMOND	
STREET ADDRESS	1175 Highway A-1-A # 406	
CITY-ST-ZIP	Satellite Beach, FL 32937	

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: *JACK HART* DATE: *4/20/00* DAYTIME PHONE #: *321 777-5552*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E017 (9/99)