## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 04, 2000 8:00 am Secretary of State DOCUMENT # 745084 CONDOMINIUM OWNERS ASSOCIATION OF BRIARFIELD, IN 02-04-2000 90032 003 \*\*\*\*61.25 Principal Place of Business Mailing Address 5037 RINGWOOD MEADOW DR. 5037 RINGWOOD MEADOW DR. SARSOTA FL 34235 SARSOTA FL 34235 B0013248 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2044666 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PIERRO Street Address (P.O. Box Number is Not Acceptable) SUMMERS, DIANE M. 3681 LONGMEADOW DR. t507*A* SARASOTA FL 34235 Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61,25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 Delete ☐ Change ☐ Addition TITLE TITLE PIERRO, RUDOLPH V NAME STREET ADDRESS STREFT ADDRESS 4742 MARSHFIELD CITY-ST-ZIF CITY-ST-ZIP SARASOTA FL ☐ Delete ☐ Addition TITLE TITLE Change NAME LAMONTE, DONALD M STREET ADDRESS STREET ADDRESS 5037 RINGWOOD MEADOW CITY-ST-ZIP CITY-ST-ZIF SARASOTA FL 34235 TITLE SD ☐ Delete TITLE Change Addition NAME NAME travis, ann STREET ADDRESS STREET ADDRESS 3665 LANGMEADOW DR. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE Delete TITLE ☐ Change Addition A DE BARROS, RAMOS NAME polores wax NAME LONGMERDOLL STREET ADDRESS STREET ADDRESS 3683 LONGMEADOW DR. 3Y235 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Delete TITLE **GT** TITLE Change NAME KREUGER, MARY NAME STREET ADDRESS STREET ADDRESS 5037 RINGWOOD MEADOW CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34235 TITLE TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

1-31-00

Daytime Phone #

**FILED**