

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 01, 2002 8:00 am
Secretary of State

03-29-2002 90819 004 ****61.25

DOCUMENT # N01000001500

1. Entity Name

BLOOMINGDALE EXECUTIVE PARK ASSOCIATION, INC.

Principal Place of Business

Mailing Address

503 EAST BLOOMINGDALE AVENUE
 BRANDON FL 33511

308 EAST BLOOMINGDALE AVENUE
 BRANDON FL 33511

26505



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-8729097

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBAUGH, MITCHELL E
 314 EAST BLOOMINGDALE AVENUE
 BRANDON FL 33511

7. Name and Address of New Registered Agent

Name Charles Deline, MD
 Street Address (P.O. Box Number is Not Acceptable)
336 E. Bloomingdale Ave.
Brandon, FL
 City FL 33511

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

Charles Deline, MD

3/18/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	MCCULLAGH, JAMES P	
CITY-ST-ZIP	11305 LEPRECHAUN DRIVE RIVERVIEW FL 33569	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	L. DAVID SCOTT	
CITY-ST-ZIP	942 SYMPHONY ISLES BLVD. APOLLO BEACH FL 33572	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	DIAZ, MANUEL A. JR.	
CITY-ST-ZIP	811 PINEDALE COURT BRANDON FL 33511	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	(D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	White, Kevin (President)	
CITY-ST-ZIP	E. Bloomingdale Ave. Brandon, FL 33511	
TITLE NAME	(D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Deline, Charles (Sec/Treas)	
CITY-ST-ZIP	336 E. Bloomingdale Ave. Brandon, FL 33511	
TITLE NAME	(T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Diaz, Manuel A. Jr.	
CITY-ST-ZIP	611 Pinedale Court Brandon, FL	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Charles Deline, MD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

(813)-689-2466

Date

Daytime Phone #

CR2E037 (9/01)