

**2002 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90137 048 \*\*\*\*61.25

**DOCUMENT # N08816**

1. Entity Name

**BERN CREEK IMPROVEMENT ASSOCIATION, INC.**

Principal Place of Business

1550 BERN CREEK LOOP  
 SARASOTA FL 34240  
 US

Mailing Address

1550 BERN CREEK LOOP  
 SARASOTA FL 34240  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**2831 Ringling Blvd 218F**

City & State

**SARASOTA**

Zip

Country

Zip

Country

**FL 34230**

4. FEI Number

**59-2568560**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FITZGERALD, EILEEN M**  
 1550 BERN CREEK LOOP  
 SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name **ALL Florida SERVICES**

Street Address (P.O. Box Number, if Not Applicable)  
**2831 Ringling Blvd 218F**

City **SARASOTA**

**FL**

**34230**

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 *Eileen M. Fitzgerald*

**EILEEN FITZGERALD**

**1/21/02**

Signature, typed or printed name of registered agent and state 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>DVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHCIOINE, ADAM</b>	
STREET ADDRESS	<b>1901 BERN CREEK LOOP</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CASTRO, MELISSA</b>	
STREET ADDRESS	<b>1200 PINE PRARIE ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHOETTLE-GUMM, SUSAN</b>	
STREET ADDRESS	<b>1300 BERN CREEK LOOP</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GUSTAFSON, KATHY</b>	
STREET ADDRESS	<b>2001 BERN CREEK LOOP</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, BETTY</b>	
STREET ADDRESS	<b>1501 BERN CREEK LOOP</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROBIN, BLAKE</b>	
STREET ADDRESS	<b>12001 BACKWATER RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TERRY Bowling</b>	
STREET ADDRESS	<b>1101 Bern Creek Loop</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34240</b>	
TITLE	<b>Pres.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAN Cogg</b>	
STREET ADDRESS	<b>4482 DIAMOND CIRCLE E</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Eileen Fitzgerald</b>	
STREET ADDRESS	<b>1550 BERN CREEK LOOP</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34240</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robin Blairie</b>	
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: *Robin M. Blairie* **Robin M. Blairie**

**1/21/02**

**346-7466**  
**941-346-7466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/01)