

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90050 032 ****61.25

DOCUMENT # N10599

1. Entity Name
BRADEN CASTLE ASSOCIATION, INC.

Principal Place of Business Mailing Address
#1 OFFICE DRIVE **#1 OFFICE DRIVE**
BRADENTON FL 34208 **BRADENTON FL 34208**
US **US**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0184075		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HARRISON, THOMAS W 1206 MANATEE AVE. WEST BRADENTON FL 34205				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD BARTRUM, WILLIAM	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1206 MANATEE AVE. WEST		STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL		CITY-ST-ZIP	
TITLE NAME STD COOLIDGE, BRALEY	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1206 MANATEE AVE. WEST		STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL		CITY-ST-ZIP	
TITLE NAME D CROWE, ED	<input checked="" type="checkbox"/> Delete	TITLE NAME DORIS MATTERN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1206 MANATEE AVE W		STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL		CITY-ST-ZIP	
TITLE NAME D ELLERBROCK, TOM	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1206 MANATEE AVE W		STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL		CITY-ST-ZIP	
TITLE NAME VP COVALT, JAMES	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1206 MANATEE AVE W		STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Lat* Date: 1-16-01 Daytime Phone #: (941) 746-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)