

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

**DOCUMENT # N97000005947**

1. Entity Name

**BLOOMINGDALE - EE HOMEOWNERS' ASSOCIATION INC.**

06-26-2001 90005 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3550 BUSCHWOOD PARK DR.  
 STE 135  
 TAMPA FL 33618

3550 BUSCHWOOD PARK DR.  
 STE 135  
 TAMPA FL 33618  
 US

**AD074811**



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

**59-3501006**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILLIAMS, PETE**  
**3550 BUSCHWOOD PARK DR.**  
**STE 135**  
**TAMPA FL 33618**

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 \_\_\_\_\_ 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  **\$5.00** May Be  
 Trust Fund Contribution. Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITLOW, MIKE	
STREET ADDRESS	611 WEST BAY STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CUSTARD, GALEN	
STREET ADDRESS	611 W BAY STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, PETE	
STREET ADDRESS	3550 BUSCHWOOD PARK DR #135	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: \_\_\_\_\_

**REQUIRED**

6/26/01 873-933-5571

CR2E037 (10/00)

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