

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90261 019 ****61.25

DOCUMENT # N51311

1. Entity Name

BRADFORDT PARK ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O MID-FLORIDA PROP MGMT
~~5250 S US HWY 17-92~~
 CASSELBERRY FL 32707
 US

C/O MID-FLORIDA PROP MGMT
~~PO BOX 182130~~
 CASSELBERRY FL-~~32710-2150~~
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5025 South U.S. Hwy. 17-92
 City & State

5025 South U.S. Hwy 17-92
 City & State

4. FEI Number

59-3145015

Applied For

Not Applicable

Zip

Country

Zip

Country

32707-3845

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

SPARE, WILLIAM C
 C/O MID-FLORIDA PROPERTY MGMT
~~5250 SOUTH U.S. HIGHWAY 17-92~~
 CASSELBERRY FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

5025 South U.S. Hwy. 17-92

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.

William C. Spare

Community Association Manager

2/23/2000

SIGNATURE

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 **PTD** Delete
 NAME **EMLING, JONI M**
 STREET ADDRESS **3055 BIRMINGHAM BLVD.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VSD** Delete
 NAME **BRAGG, ROBERT M.**
 STREET ADDRESS **2814 BIRMINGHAM BLVD**
 CITY-ST-ZIP **ORLANDO FL 32829**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RAMOS, LUZ**
 STREET ADDRESS **3236 BIRMINGHAM BLVD.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME **Van Cura, Tony**
 STREET ADDRESS **2939 Birmingham Blvd.**
 CITY-ST-ZIP **Orlando, FL 32829**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(l), 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:

WILLIAM C. SPARE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00
 Date

(407) 836-2187
 Daytime Phone #

CF2E037 (9/99)