

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00817

1. Entity Name

BRANDYWINE CONDOMINIUMS OF PASCO COUNTY MASTER A

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90114 009 ****61.25

Principal Place of Business

Mailing Address

8406 MASS. AVE. AL
SUITE AL
NEW PORT RICHEY FL 34653
US

8406 MASS. AVE. AL
SUITE AL
NEW PORT RICHEY FL 34653-3100
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2384355

Applied For

Not Applicable

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

BUERKERT, MARIE C.
8406 MASS AVE
SUITE AL
NEW PORT RICHEY FL 34653

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

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 ☒ P ☐ Delete
NAME NICHOLS, JOHN
STREET ADDRESS 7130 6 COGNAC DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Change ☒ Addition
NAME ~~ROBERT SWANSON~~
STREET ADDRESS ~~10741 FALLEN LEAF LANE~~
CITY-ST-ZIP ~~PORT RICHEY, FL 34668~~

TITLE ☒ VPD ☒ Delete
NAME GOSE, BARBARA
STREET ADDRESS 7151 TRENTON PLACE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Change ☒ Addition
NAME ~~PETER MIRANDA~~ C/O CAROLYN MYEROW
STREET ADDRESS ~~2 HANCOCK STREET~~
CITY-ST-ZIP ~~MELROSE, MA 02176~~

TITLE ☒ D ☒ Delete
NAME CONNOLLY, JOHN
STREET ADDRESS 7105 4 KIRSCH CT.
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Change ☒ Addition
NAME SWANSON, ROBERT
STREET ADDRESS 10741 FALLEN LEAF LANE
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE ☐ SD ☐ Delete
NAME DAVIDSON, SHARON
STREET ADDRESS 7130 1 COGNAC DR
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Change ☒ Addition
NAME MIRANDA, PETER C/O CAROLYN MYEROW
STREET ADDRESS 2 HANCOCK STREET
CITY-ST-ZIP MELROSE, MA 02176

TITLE ☒ D ☐ Delete
NAME GAIOWSKI, LOIS
STREET ADDRESS 7120 1 COGNAC DR
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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)(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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)