

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726417

1. Entity Name

4 BRITTONS OF BARDMOOR, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90185 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8316 BARDMOOR BLVD  
APT B  
LARGO FL 33777  
US

8316 BARDMOOR BLVD  
APT B  
LARGO FL 33777-2046  
US

2. Principal Place of Business

90 SAILWINDS PROP. MGMT.

3. Mailing Address

90 SAILWINDS PROP. MGMT.

Suite, Apt. #, etc.

1583 S. BELCHER RD - #B

Suite, Apt. #, etc.

1583 S. BELCHER RD - #B

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33764

Country

PINELLAS

Zip

33764

Country

PINELLAS

4. FEI Number

59-2871213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DERDERIAN, SARK D.O  
8316 BARDMOOR BLVD  
APT A  
LARGO FL 33777

7. Name and Address of New Registered Agent

Name  
CAROL L. STANEK, LCAM  
Street Address (P.O. Box Number is Not Acceptable)  
SAILWINDS PROPERTY MGMT. INC  
1583 S. BELCHER RD - #B  
City  
CLEARWATER FL Zip Code  
33764

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

*Carol L. Stanek*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/00

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 PD  
NAME SARKIS DERDERIAN, D.O.  
STREET ADDRESS 8316-A BARDMOOR BLVD  
CITY-ST-ZIP LARGO FL ☐ Delete

TITLE VD  
NAME WHITE MARGARET  
STREET ADDRESS 8316B BARDMOOR BLVD  
CITY-ST-ZIP LARGO FL ☐ Delete

TITLE STD  
NAME HOPMAN LUCY  
STREET ADDRESS 8316C BARDMOOR BLVD  
CITY-ST-ZIP LARGO FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*SARKIS DERDERIAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

Date

727-536-1468

Daytime Phone #

CR2E037 (9/99)