

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90027 044 \*\*\*\*61.25

**DOCUMENT # N98000000350**

1. Entity Name

**RADISON I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2020 CLUBHOUSE DRIVE  
 SUN CITY CENTER FL 33573

2020 CLUBHOUSE DRIVE  
 SUN CITY CENTER FL 33573-5914

2. Principal Place of Business

**Sterling Management, Inc.**

3. Mailing Address

**Sterling Management, Inc.**

Suite, Apt. # **723** Imar Drive  
**Sun City Center, FL 33573**

Suite, Apt. # **723** Imar Drive  
**Sun City Center, FL 33573**

City & State

City & State

4. FEI Number

**59-3525274**

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

**GREENE, ROBERT**  
**1904 CLUBHOUSE DR.**  
**SUN CITY CENTER FL 33573**

**Brian L. May/Sterling Management**  
**723 Imar Drive**  
**Sun City Center, FL 33573**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> PD <b>BROWN, CE</b> <b>1015 RADISON AVE.</b> <b>SUN CITY CENTER FL 33573</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> VD <b>CARROLL, RICHARD</b> <b>2327 N. ANTUCKET DR.</b> <b>SUN CITY CENTER FL 33573</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> T <b>SHEWMAKE, EDNA</b> <b>1013 RADISON AVE.</b> <b>SUN CITY CENTER FL 33573</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> SD <b>O'CONNELL, JEROME</b> <b>2339 NANTUCKET DR.</b> <b>SUN CITY CENTER FL 33573</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> D <b>FOLCHETTI, ANNE</b> <b>1029 RADISON AVE.</b> <b>SUN CITY CENTER FL 33573</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Phyllis Harvey</b> <b>2409 Nantucket Drive</b> <b>Sun City Center, FL 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Betty Maxwell</b> <b>2340 Nantucket Dr.</b> <b>Sun City Center, FL 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *C. E. Brown, Treasurer*  
**C. E. BROWN, Treasurer**

*5/26/00*  
 5/26/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)