

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90179 029 \*\*\*\*61.25

0063739

DOCUMENT # 726417

1. Entity Name

4 BRITTONS OF BARDMOOR, INC.

Principal Place of Business

Mailing Address

C/O SAILWINDS PROP. MGMT  
1583 S BELCHER RD-#B  
CLEARWATER FL 33764  
US

C/O SAILWINDS PROP. MGMT  
1583 S BELCHER RD-#B  
CLEARWATER FL 33764  
US

2. Principal Place of Business

C/O James M. Nolan Sr.

3. Mailing Address

C/O James M. Nolan Sr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FIRST CHOICE ASSOCIATION

FIRST CHOICE ASSOCIATION

City & State MANAGEMENT

City & State MANAGEMENT

3440 EAST LAKE ROAD, SUITE 106

3440 EAST LAKE ROAD, SUITE 106

Zip PALM HARBOR, FL 34685

Zip PALM HARBOR, FL 34685

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

7. Name and Address of New Registered Agent

STANEK, CAROL L  
1583 S BELCHER RD- #B  
CLEARWATER FL 33764

Name

James M. Nolan, Sr.

Street Address

FIRST CHOICE ASSOCIATION  
MANAGEMENT

3440 EAST LAKE ROAD, SUITE 106

City

PALM HARBOR, FL 34685

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

James M. Nolan 4/14/01

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

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

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

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

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

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

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 (10/00)