

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000005390**1. Entity Name
BROOKESTONE PROPERTY OWNERS ASSOCIATION, INC.Principal Place of Business
1416 CONCORD ST. EAST
ORLANDO FL 32803
Mailing Address
PO BOX 531010
ORLANDO FL 328531010

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
59-3667909Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**THE MELROSE CORPORATION**
1416 CONCORD STREET, EAST**ORLANDO FL**
32803**7. Name and Address of New Registered Agent**

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 **JACK B. HANSON****05/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.259. 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	D	<input type="checkbox"/> Delete
NAME	STAPLETON KRISTEN	
STREET ADDRESS	385 DOUGLAS AVE STE 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAKRANSKY JAMES	
STREET ADDRESS	385 DOUGLAS AVE STE 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS PHIL	
STREET ADDRESS	385 DOUGLAS AVE STE 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPLETON KIRSTEN	
STREET ADDRESS	385 DOUGLAS AVE STE 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKRANSKY JAMES	
STREET ADDRESS	385 DOUGLAS AVE STE 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAISER DAN	
STREET ADDRESS	385 DOUGLAS AVE STE 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: KIRSTEN STAPLETON**D****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)