

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704306

1. Entity Name

BAY RIDGE TERRACE CIVIC ASSOCIATION, INCORPORATE

Principal Place of Business

11533 69TH AVE
NORTH
SEMINOLE FL 33772
US

Mailing Address

11533 69TH AVE
NORTH
SEMINOLE FL 33772
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

59-1035184

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

HANDY, JOHN K
11533 69TH AVE N.
SEMINOLE FL 33772

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 TEMPLETON, WILLIAM
STREET ADDRESS 11354 67TH TERRACE N.
CITY-ST-ZIP SEMINOLE FL 34642

TITLE P ☒ Change ☐ Addition
NAME LARRY BREDESTEGE
STREET ADDRESS 11219 66TH TERRACE
CITY-ST-ZIP SEMINOLE FL 33772

TITLE VP ☒ Delete
NAME GILL, JEAN
STREET ADDRESS 6400 114TH ST. NO.
CITY-ST-ZIP SEMINOLE FL 34642

TITLE VP ☒ Change ☐ Addition
NAME JOE GILL
STREET ADDRESS 6400 114TH ST NO
CITY-ST-ZIP SEMINOLE FL 33772

TITLE T ☐ Delete
NAME HANDY, JOHN K
STREET ADDRESS 69TH AVE N. 11533
CITY-ST-ZIP SEMINOLE FL

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

TITLE D ☒ Delete
NAME JOHNSON, DAVID
STREET ADDRESS 11419 59TH TERRACE
CITY-ST-ZIP SEMINOLE FL

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

TITLE T ☐ Delete
NAME BRUNSGAARD, JAMES
STREET ADDRESS 6500 114TH ST., N
CITY-ST-ZIP SEMINOLE FL

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

TITLE D ☐ Delete
NAME LEVERENTZ, MARY
STREET ADDRESS 11585 65 AVE N.
CITY-ST-ZIP SEMINOLE FL

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 HANDY

4/30/01

727-398-4292

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE