

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90125 046 ****61.25

DOCUMENT # 704306

1. Entity Name

**BAY RIDGE TERRACE CMC ASSOCIATION, INCORPORATE
D**

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	<input type="checkbox"/> Delete
NAME	BREDESTEGE, LARRY	
STREET ADDRESS	11219 68TH TERR. NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GILL, JOE	
STREET ADDRESS	6400 114TH ST. NO.	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME	HANDY, JOHN K	
STREET ADDRESS	69TH AVE N. 11533	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	BRUNSGAARD, JAMES	
STREET ADDRESS	6500 114TH ST., N	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVERENTZ, MARY	
STREET ADDRESS	11585 65 AVE N.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> Delete
NAME	CHARLES BEAMS	
STREET ADDRESS	11556 64TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33772	

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	EDWARD MAFFERY	
STREET ADDRESS	11571 64TH AVE	
CITY-ST-ZIP	SEMINOLE FL 33772	
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)(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 JOHN K HANDY

Date

Daytime Phone #

CR2E037 (9/01)



Attachment

704306

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 15, 2002

BAY RIDGE TERRACE CIVIC ASSOCIATION, INCORPORATED
11533 69TH AVE
NORTH
SEMINOLE, FL 33772 US

Subject: **BAY RIDGE TERRACE CIVIC ASSOCIATION, INCORPORATED**

Reference Number: **704306**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

Please sign and return your check submitted with the annual report/uniform business report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/rg

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314