

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727347

1. Entity Name

BRIDGEWOOD MID-RISE CONDOMINIUM I ASSOCIATION, I

Principal Place of Business

2400 BRIDGEWOOD DR
BOCA RATON FL 33434

Mailing Address

2400 BRIDGEWOOD DR
BOCA RATON FL 33434-4116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1508070

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

MEYER, CAROL J JR
2400 BRIDGEWOOD DR
BOCA RATON FL 33434

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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KORETZ, ARTHUR	
STREET ADDRESS	1641 BRIDGEWOOD DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TROCCOLO, CHARLES	
STREET ADDRESS	1734 BRIDGEWOOD DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREIRA, RITA	
STREET ADDRESS	1542 BRIDGEWOOD DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIEGEL, FRIEDA	
STREET ADDRESS	1575 BRIDGEWOOD DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMPSON, ARTHUR	
STREET ADDRESS	1624 BRIDGEWOOD DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Simmons	
STREET ADDRESS	1732 Bridgewood Drive	
CITY-ST-ZIP	Boca Raton FL 33434	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)