## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 31, 2000 8:00 am Secretary of State DOCUMENT # **729736** 1. Entity Name PEBBLE SPRINGS CONDOMINIUM ASSOCIATION OF BRADEN 01-31-2000 90004 026 \*\*\*\*61.25 Principal Place of Business Mailing Address PEBBLE SPRINGS CONDOMINIUM P.O BOX 10674 6201 WEST MANATEE AVE. BRADENTON FL 34282-0674 80007425 **BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1583633 Not A....... Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. Street Address (P.O. Box Number is Not Acceptable) **C&S CONDO MGMNT SERV INC** 4301 32ND ST. W. SUITE #E14 SUITE C7 FL | Zip Code City **BRADENTON FL 34205** 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** (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to . FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Change Addition TITLE ☐ Delete KELLEY, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 5918 7TH AVENUE, WEST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** TITLE ☐ Change Addition TITLE ☐ Delete DICOMES, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 6324 7TH AVE W CITY-ST-ZiP CITY-ST-ZIP **BRADENTON FL 34209** TITLE Change Addition Delete TITLE WOOLPERT: PATRICIA NAME NAME STREET ADDRESS STREET ADDRESS 6066 7TH AVE W Bradenton Fl CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34209+ ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHENDORF, ELAINE NAME NAME STREET ADDRESS STREET ADDRESS 6138 7THA VE N CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34209** Channe ☐ Addition TITLE ☐ Delete DOUGHTY, LES NAME NAME STREET ADDRESS STREET ADDRESS 6218 7TH AVE W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** Change TITI F □ Addition TITLE ☐ Delete NAME HEDINGER, JOHN NAME STREET ADDRESS STREET ADDRESS 6325 MANATEE AVE W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209**

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.

Date

Daytime Phone #