

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90129 038 \*\*\*\*61.25

0074031

**DOCUMENT # 742969**

1. Entity Name

**BURGUNDY UNIT TWO ASSOCIATION, INC.**

Principal Place of Business

4505 3RD STREET CIRCLE W. #271  
 BRADENTON FL 34207

Mailing Address

4505 3RD STREET CIRCLE W. #271  
 BRADENTON FL 34207

606111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2115954

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

AAA BOOKKEEPING  
 4303 1 ST  
 200  
 BRADENTON FL 34208

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

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	PD	<input type="checkbox"/> Delete
NAME	SNYDER, FREDERICK W.	
STREET ADDRESS	4512 3RD ST. CR., W.#318	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VPCE	<input type="checkbox"/> Delete
NAME	FARAKISH, MOHAMMED	
STREET ADDRESS	4512 THIRD ST CIR W, UNIT 519	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	T	<input type="checkbox"/> Delete
NAME	SKOGEN, MARK	
STREET ADDRESS	3453 FORK SHOALS RD	
CITY-ST-ZIP	SIMPSONVILLE SC 29680	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BEADLE, MARJORIE	
STREET ADDRESS	4508 3RD ST. CIR. WEST #509	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	M	<input type="checkbox"/> Delete
NAME	SEMENTELLI, EDWARD	
STREET ADDRESS	4510 THIRD ST CIR W UNIT 511	
CITY-ST-ZIP	BRDENTON FL 34207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 empowerment.

SIGNATURE:

*Edward Sementelli*  
**SIGNATURE REQUIRED**

1-10-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)