

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90086 027 \*\*\*\*61.25

DOCUMENT # 743823

1. Entity Name

**3 BRITTONS OF BARDMOOR, INC., A CONDOMINIUM**

Principal Place of Business

Mailing Address

837 DEVILLE DR E  
 LARGO FL 33771

837 DEVILLE DR E  
 LARGO FL 33771-1120

032014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9797 BARDMOOR BLVD**

3. Mailing Address

**9797 BARDMOOR BLVD.**

Suite, Apt. #, etc.  
**APT # B**

Suite, Apt. #, etc.  
**APT. # B**

City & State  
**LARGO FL**

City & State  
**LARGO, FL**

4. FEI Number  
**59-2491730**

Applied For  
 Not Applicable

Zip  
**33771**

Country  
**USA**

Zip  
**33771**

Country  
**USA**

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

**MCCREARY, JANE**  
**9797 BARDMOOR BLVD #B**  
**LARGO FL 34647**

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 \_\_\_\_\_ (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

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TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	DP MCCREARY, JANE 9797 BARDMOOR BLVD #B LARGO FL 34647	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	SD BORGSTROM, GLADYS 9797-D BARDMOOR BLVD. LARGO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	TD BARTEL, JUNE 9797-C BARDMOOR BLVD LARGO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	VPD KHAJA, FAREES 9797 BARDMOOR BLVD., #A LARGO FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VPD KARL BARTEL 9797 BARDMOOR BLVD. #C LARGO FL 33771
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: JANE B. MCCREARY (Jane B. McCreeary) 03/09/00 (727) 397-5055  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)