

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90207 030 ****61.25

DOCUMENT # 745013

1. Entity Name

YE OLDE BRIC CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

125 SOUTH INTERLACHEN

**#5
WINTER PARK FL 32789
US**

Mailing Address

125 SOUTH INTERLACHEN

**#5
WINTER PARK FL 32789
US**

2. Principal Place of Business

125 SOUTH INTERLACHEN AVE

Suite, Apt. #, etc.

4

WINTER PARK FL

Zip

32789

Country

USA

3. Mailing Address

125 SOUTH INTERLACHEN AVE

Suite, Apt. #, etc.

4

WINTER PARK FL

Zip

32789

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0192241**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOULDIN, MARY ANN
125 SOUTH INTERLACHEN
#5
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name **BRENDA V. HARRISON**

Street Address (P.O. Box Number is Not Acceptable)

125 SOUTH INTERLACHEN AVE

4

WINTER PARK

FL

Zip Code
32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BRENDA V. HARRISON, SECY - TREASURER**

2/18-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACPHERSON, JEAN L 125 SOUTH INTERLACHEN #1 WINTER PARK FL 32789	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRISON, BRENDA V 125 SOUTH INTERLACHEN #4 WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOULDIN, MARY ANN 125 SOUTH INTERLACHEN #5 WINTER PARK FL 32789	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	(PD) PRESIDENT & DIRECTOR HARVEY C. JONES (COL.) 427 - 3RD ST. CHERAW, SC 29520	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(STD) SECRETARY - TREASURER & DIRECTOR BRENDA V. HARRISON 125 SOUTH INTERLACHEN AVE, #4 WINTER PARK FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(VD) V-PRES & DIRECTOR MARTHA D. JONES 427 - 3RD ST CHERAW SC 29520	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

2. 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: **BRENDA V. HARRISON, SECRETARY - TREAS - 2/18/03**

**(407)
678-5090**

CR2E037 (10/02)