

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90126 043 ****61.25

DOCUMENT # 749678

1. Entity Name

GLOUCESTER C CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

STERLING MANAGEMENT, INC.
 723 IMAR DRIVE
 SUN CITY CENTER FL 33573

STERLING MANAGEMENT, INC.
 723 IMAR DRIVE
 SUN CITY CENTER FL 33573

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2046401

Applied For

Not Applicable

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

MAY, BRIAN L
STERLING MANAGEMENT
723 IMAR DRIVE
SUN CITY CENTER FL 33573

Name **BECKER & POLIAKOFF, P.A.**

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

2401 WEST BAY DRIVE, SUITE 414

City

LARGO

FL

Zip Code

33770

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

Ellen Hirsch de Haan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ELLEN HIRSCH de HAAN, J.D. FOR THE FIRM

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

TITLE **PD** ☐ Delete
 NAME **HART, JOHN**
 STREET ADDRESS **301 GRAYSTON PLACE**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **STD** ☐ Delete
 NAME **BROWN, ART**
 STREET ADDRESS **312 GRAYSTON PLACE**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **WENTWORTH, FOLGER J**
 STREET ADDRESS **319 GRAYSON PLACE**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **WAHLMAN, HILDA**
 STREET ADDRESS **231 GRAYSON PLACE**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☐ Delete
 NAME **LECLERC, VERONICA**
 STREET ADDRESS **309 GRAYSON PLACE**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ 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:

Signature Required

4/3/02 634-3490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)