

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750590

1. Entity Name

BRAE MOOR SOUTH HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

1860 BRAE MOOR DR.
DUNEDIN FL 34698

Mailing Address

1860 BRAE MOOR DR.
DUNEDIN FL 34698-3207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLOWAY, KEN S.
1860 BRAE MOOR DR.
DUNEDIN FL 34698

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	IRVIN, JIM	
STREET ADDRESS	1577 MACCHARLES	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREMER, DOROTHY	
STREET ADDRESS	1530 FIFE COURT	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLLOWAY, KEN	
STREET ADDRESS	1860 BRAE MOOR DR.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZUBLER, ANNE	
STREET ADDRESS	1567 MACCHARLES	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOTTER, JACQUELINE	
STREET ADDRESS	1470 BURNHAM LANE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> Delete
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
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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90025 040 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2186036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75*Additional
Fee Required

CR2E037 (9/99)

4-10-00 8B-354-2232