

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757992

1. Entity Name

BORDEAUX VILLAGE ASSOCIATION, NO. 3, INC.

Principal Place of Business

2453 EGRET BLVD., #103
CLEARWATER FL 33762
US

Mailing Address

2453 EGRET BLVD., #103
CLEARWATER FL 33762-5525
US

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

59-2118161

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

RADIGAN, F M
2453 EGRET BLVD 0-103
CLEARWATER FL 34622

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

F.M. Radigan

F.M. RADIGAN, PRES.

15 MAR 2000

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
NAME RADIGAN, FRANCIS
STREET ADDRESS 2453 EGRET BLVD. #103
CITY-ST-ZIP CLEARWATER FL 34622

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME SMOUK, PETER
STREET ADDRESS 13602 FRIGATE CT. #201
CITY-ST-ZIP CLEARWATER FL 34622

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME WILKINS, DOROTHY
STREET ADDRESS 2453 EGRET BLVD., #102
CITY-ST-ZIP CLEARWATER FL 33762

☐ Delete

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CITY-ST-ZIP

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☐ 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:

F.M. Radigan REQUIRE M. RADIGAN, PRES. (727) 572-6762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR25037 10/99