

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759184

1. Entity Name

DOUGLAS PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

DOUGLAS PLACE #201
321 NE LAKEVIEW DR
SEBRING FL 33870
US

Mailing Address

TERRY HARTIGH
6423 STONE RIVER RD
BRADENTON FL 34203

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

59-2265483

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

HARTIGH, TERRY
6423 STONE RIVER RD
BRADENTON FL 34203

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 ☐ Delete
NAME HARTIGH, TERRY
STREET ADDRESS 6423 STONE RIVER RD
CITY-ST-ZIP BRADENTON FL 34203

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

TITLE D ☐ Delete
NAME HARTIGH, TERRY
STREET ADDRESS 6423 STONE RIVER RD
CITY-ST-ZIP BRADENTON FL 34203

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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 REQUIRED**

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90124 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)