

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90068 039 \*\*\*\*61.25

**DOCUMENT # 768565**

1. Entity Name

**TOWN AND RANCH ESTATES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**12320 VISTA LN  
 PINECREST FL 33156  
 US**

**12320 VISTA LN  
 PINECREST FL 33156  
 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

**NOT APPLICABLE**

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

**KISH, TIMOTHY E., ESQ.  
 1221 BRICKELL AVE.  
 6TH FLOOR  
 MIAMI FL 33131**

Name

**KAREN BRADLEY**

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

**12240 VISTA LANE**

City

**PINECREST**

**FL**

Zip Code

**33156**

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

*Karen Bradley*

**KAREN BRADLEY**

**2/18/02**

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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **AIDMAN, RODGER**  
 CITY-ST-ZIP **12320 VISTA LN  
 PINECREST FL**

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

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **LEVINE, DAVID**  
 CITY-ST-ZIP **12401 MOSS RANCH RD  
 PINECREST FL**

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

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **SINGER, ALLEN**  
 CITY-ST-ZIP **5911 SUNCREST DR  
 PINECREST FL**

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

TITLE ☐ Delete  
 NAME **TD**  
 STREET ADDRESS **BRADLEY, KAREN**  
 CITY-ST-ZIP **12240 VISTA LN  
 MIAMI FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Karen Bradley*

**KAREN BRADLEY**

Date

Daytime Phone #

CR2E037 (9/01)