

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90035 049 *****70.00

DOCUMENT # N00000004190

1. Entity Name

THE BAXLEY MANOR RESIDENT COUNCIL, INC.

Principal Place of Business

**630 KUREK CT., #135
MERRITT ISLAND FL 32953**

Mailing Address

**630 KUREK CT., #135
MERRITT ISLAND FL 32953**

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

FIN 59-3655050

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

**HOPKINS, JOHN D
630 KUREK CT., #135
MERRITT ISLAND FL 32953**

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 NAME	PTD HOPKINS, JOHN D	<input type="checkbox"/> Delete
STREET ADDRESS	630 KUREK CT., #135	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE NAME	VD STURMAN, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	600 KUREK CT., #226	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE NAME	SD HOFFMEISTER, DOROTHY	<input type="checkbox"/> Delete
STREET ADDRESS	600 KUREK CT., #102	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD HOPKINS, JOHN D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	630 KUREK CT., #135	
CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	STD HOFFMEISTER, DOROTHY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	600 KUREK CT. #102	
CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	
TITLE NAME	D GRESHAM, CONNIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	600 KUREK CT. #214	
CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	
TITLE NAME	D JOHNSON, NEVA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	630 KUREK CT. #192	
CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	
TITLE NAME	D HADDINS, VELMA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	630 KUREK CT. #193	
CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	

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 OF THE REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2001

Date

Daytime Phone #

CR2E037 (10/00)