

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90389 025 \*\*\*\*61.25

**DOCUMENT # N00000007577**

1. Entity Name

**17TH ST. EAST INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% RICHARD RAMHOFFER  
 1708 CARIBBEAN DRIVE  
 SARASOTA FL 34231

% RICHARD RAMHOFFER  
 1708 CARIBBEAN DRIVE  
 SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

**6208 17TH ST. EAST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**BRADENTON FL**

**FL**

Zip

Country

Zip

Country

**34203**

**UNITED STATES**

4. FEI Number

**APPLIED FOR**

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

Name

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

City

**FL**

Zip Code

**BROWNING, ROBERT W JR.**  
**1800 2ND ST., SUITE 880**  
**SARASOTA FL 34236**

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 **PD** ☐ Delete  
 NAME **RAMHOFFER, RICHARD**  
 STREET ADDRESS **1708 CARIBBEAN DR.**  
 CITY-ST-ZIP **SARASOTA FL 43231**

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

TITLE **STD** ☐ Delete  
 NAME **BROWNING, ROBERT W JR.**  
 STREET ADDRESS **1800 2ND ST., SUITE 880**  
 CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE **VD** ☐ Delete  
 NAME **FURR, PAUL D**  
 STREET ADDRESS **6208 17TH ST. EAST**  
 CITY-ST-ZIP **BRADENTON FL 34203**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)