

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90036 018 ****61.25

DOCUMENT # N04689

1. Entity Name

WILDEWOOD PLAZA MERCHANTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O K. BYRNES, BOOKKEEPER
4711 26TH AVE WEST
BRADENTON FL 34209-6101****C/O K. BYRNES, BOOKKEEPER
4711 26TH AVE WEST
BRADENTON FL 34209-6101**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2461037

Applied For

Not Applied

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

**BYRNES, KAREN L.
4711 26 AVE. WEST
BRADENTON FL 34209**

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

TITLE	DPS	<input type="checkbox"/> Delete
NAME	BYRNES, KAREN L.	
STREET ADDRESS	4711 26TH AVENUE W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARSHNER, ROBERT	
STREET ADDRESS	4105 CORTEZ RD. W.	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEAL, PAUL	
STREET ADDRESS	3711 CORTEZ RD W	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 L. BYRNES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/1/00 941/756-0677K**
Secretary

Date

Daytime Phone #