2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

with all other like empowered.

FILED DOCUMENT # N10486 May 09, 2000 8:00 am **Secretary of State** BRIARWOOD SUBDIVISION OWNERS' ASSOCIATION, INC. 05-09-2000 90139 015 ****61.25 Principal Place of Business Mailing Address 5168 MCCALLUM TERR 5168 MCCALLUM TERR SARASOTA FL 34231-7484 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2635931 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BLISS, RICK 5168 MCCALLUM TERR SARASOTA FL 34231 City 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 DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DT-SHARON KRUSE Delete ☐ Change TITLE TITLE LAPORTA, VIRGINIA NAME NAME STREET ADDRESS 3061 GRAFTON ST STREET ADDRESS 5242 MCCALLUM TERRACE CITY-ST-7IP SARASOTA, FO CITY-ST-ZIP SARASOTA FL 34231 ☐ Addition TITLE DS ☐ Delete TITLE Change NAME TASSIO, ANN ... NAME STREET ADDRESS STREET ADDRESS 3025 GRAFTON STREET CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Change ☐ Addition TITLE ĎΡ ☐ Delete TITLE NAME **BLISS, RICK** NAME STREET ADDRESS 5168 MCCALLUM TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Delete Addition D۷ Change mike TASSIO NAME HALPERN, ALLEN 3025 GRAFTON ST STREET ADDRESS STREET ADDRESS 3050 GRAFTON ST SARASOTA, FL 34231 CITY-ST-ZIP CITY-ST-7IP sarasota fl ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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