

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90160 011 ****70.00

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DOCUMENT # N12193

1. Entity Name

BIRCHWOOD I & II ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% PCM
 P.O. BOX 380741
 MURDOCK FL 33938

% PCM
 P.O. BOX 380741
 MURDOCK FL 33938

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

59-2634968

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

POSSEL, JOHN W.
4055 TAMiami TRAIL
PORT CHARLOTTE FL 33952

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	PD	<input type="checkbox"/> Delete
NAME	WEIS, GARY	
STREET ADDRESS	3653 SAN CARLOS DR	
CITY-ST-ZIP	ST JAMES CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEIS, CHARLOTTE	
STREET ADDRESS	3653 SAN CARLOS DR	
CITY-ST-ZIP	ST JAMES CITY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEIS, GARY	
STREET ADDRESS	3653 SAN CARLOS DR	
CITY-ST-ZIP	ST JAMES CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Charlotte Weis **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 941-743-3991

Date Daytime Phone #

CR2E037 (9/01)