

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14571

1. Entity Name

BLAKE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O THOMAS A. HOWZE  
5414 26TH STREET  
BRADENTON FL 34207-3169

C/O THOMAS A. HOWZE  
5414 26TH STREET  
BRADENTON FL 34207-3169

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

59-2686008

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

HOWZE, THOMAS A.  
5414 26TH STREET  
BRADENTON FL 34207

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

STREET ADDRESS

CITY-ST-ZIP

PD  
HOWZE, THOMAS A.  
5414 26TH STREET W.  
BRADENTON FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD  
GRAHAM, WALTER B.  
2010 59TH STREET W.  
BRADENTON FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD  
MEYER, ROGER A.  
217 MANATEE AVENUE E.  
BRADENTON FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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:

*Thomas A. Howze*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02

Date

(941) 753-6710

Daytime Phone #

FILED  
Mar 06, 2002 8:00 am  
Secretary of State

03-06-2002 90023 005 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)