

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24483

1. Entity Name

CAMPBELL COMMERCIAL OWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O JOHN M. DENTON
6633 53RD AVE. E.
BRADENTON FL 34203

Mailing Address

C/O JOHN M. DENTON
6633 53RD AVE. E.
BRADENTON FL 34203

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

NOT APPLICABLE

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

HARRISON, G. JOSEPH
1206 MANATEE AVE W.
BRADENTON FL 34205

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
PTD
DENTON, JOHN M
3528 14TH ST WEST
BRADENTON FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
TAYLOR, R JAY
932 5TH AVE W
PALMETTO FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HARRISON, G. JOSEPH
1206 MANATEE AVE W
BRADENTON FL

☐ Delete

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

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☐ Change ☐ Addition

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TITLE
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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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 (941) 747-4199
Date Daytime Phone #

FILED
Apr 20, 2001 8:00 am
Secretary of State
04-20-2001 90180 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)