## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # N26654** Apr 26, 2000 8:00 am Secretary of State BRIARWOOD MASTER ASSOCIATION, INC. 04-26-2000 90161 030 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 20214 P.O. BOX 20214 BRADENTON FL 34203-0214 **BRADENTON FL 34204-0214** 3. Mailing Address 2. Principal Place of Business Ave West Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 65-0279178 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Marteo Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) FLECK, JOHN P JR 1103 NINTH AVENUE WEST **BRADENTON FL 34205** Zip Code FL 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE Delete TITLE SONNY Fenton 5735 29th st East RUSSELL JERRY NAME NAME STREET ADDRESS STREET ADDRESS 2828 87 TH DR E CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34203 M Delete TITLE TITLE wheeler CAVENDER, THOMAS NAME NAME soft Are Cil East 5708,3151 STREET COURT EAST BRADENTON FL 34203 STREET ADDRESS STREET ADDRESS ·CITY-ST-ZIP --CITY-ST-ZIP Addition TITLE Delete TITLE GARNEŠKI, HOWARD NAME NAME STREET ADDRESS STREET ADDRESS 3141 57TH AVENUE CIRCLE EAST CITY-ST-ZIP CITY-ST-ZIP Bradenton FL 34203 Delete Addition TITI F **VPD** TITLE Mike Frost Marchnkjewicz, John NAME NAME 3173 59 AVE CIL East Bradenton, Fl 34207 STREET ADDRESS STREET ADDRESS 5615 29 ST E Fl 34203 CITY-ST-ZIP Bradénton fl 34203 CITY-ST-7IP Addition TITLE ☐ Delete TITLE GLENN NAME oradenton, Fl 34203 STRÉET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trulities 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 agel ess, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2000 941- 1749-1832