

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N33810**

1. Entity Name

**BISHOPSCOURT AT THE OAKS PRESERVE ASSOCIATION, I**

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90068 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

CONDO MGMT. INC.  
 1801 GLEN GARY ST  
 SARASOTA FL 34231-0603  
 US

CONDO MGMT. INC.  
 1801 GLEN GARY ST  
 SARASOTA FL 34231-3603  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0897347**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CONDOMINIUM MGMT., INC.  
 1801 GLENGARY ST  
 SARASOTA FL 34231-0603

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  Delete  
 NAME PD  
 STREET ADDRESS STRYKER, WILLIAM D  
 CITY-ST-ZIP 17 BAYHEAD LANE  
 OSPREY FL 34229

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D  
 STREET ADDRESS CLARK, RICHARD  
 CITY-ST-ZIP 1801 GLENGARY ST  
 SARASOTA FL 34231

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D  
 STREET ADDRESS GREER, W. K.  
 CITY-ST-ZIP 148 BISHOPS CT  
 OSPREY FL 34229

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**SEE ATTACHED**

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:

*Richard Clark*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2000

Date

P. Richard Clark  
 (941) 921-5393

Daytime Phone #

CR2E037 (9/99)

Manager: PRC

*Local Address*

Date Printed:

4/4/00

Code

P/D                      Dr. William Stryker                      10  
                                 17 Bay Head Lane  
                                 Osprey, FL 34229

N 33810

V/D                      Mr. William Greer                      12  
                                 148 Bishops court Road  
                                 Osprey, FL 34229                      837249

S/T/D                      Mr. P. Richard Clark                      35  
                                 109 Bay Head Lane  
                                 Osprey, FL 34229