

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90017 001 \*\*\*\*61.25

**DOCUMENT # N33874**

1. Entity Name

**BRIARWOOD AT SUNTREE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6939 N. WICKHAM ROAD  
 MELBOURNE FL 32940  
 US

6939 N. WICKHAM ROAD  
 MELBOURNE FL 32940-7519  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2952057**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, FRANCIS**  
**6939 N. WICKHAM ROAD**  
**MELBOURNE FL 32940**

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:**  
**FEES ARE \$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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	HEMPHILL, CONRAD	843 OAKWOOD DR.	MELBOURNE FL 32940	<input type="checkbox"/>						
TD	KLINE, CLAYTON W	859 OAKWOOD DR.	MELBOURNE FL	<input checked="" type="checkbox"/>	TD	FREUND DONALD	871 OAKWOOD DR	MELBOURNE FL 32940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	FREUND, DONALD	871 OAKWOOD DR.	MELBOURNE FL 32940	<input checked="" type="checkbox"/>	SD	SHARON HALLOCK	883 OAKWOOD DR	MELBOURNE FL 32940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	RENNIE, ROBERT	605 BROOKWOOD PLACE	MELBOURNE FL 32940	<input checked="" type="checkbox"/>	VP	BRYAN SMITH	872 OAKWOOD DR	MELBOURNE FL 32940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*DONALD FREUND*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

Date

Daytime Phone #

CR2F037 (9/99)