

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43525

1. Entity Name

BRADFORD COVE MASTER ASSOCIATION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90048 023 ****61.25

Principal Place of Business

Mailing Address

52 E S STREET
ORLANDO FL 32801
US

52 E S STREET
ORLANDO FL 32801-3308
US

00031878



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

59-2936261

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

DON ASHER & ASSOC, INC.
52 E S STREET
ORLANDO FL 32801

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 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 VTD
NAME MCCOY, BILL
STREET ADDRESS 3704 PICKWICK DR
CITY-ST-ZIP ORLANDO FL ☒ Delete

TITLE VPD
NAME Robin Luta
STREET ADDRESS 3804 Pickwick
CITY-ST-ZIP Orlando, FL 32817 ☒ Change ☒ Addition

TITLE PD
NAME RODRIGUEZ, ROSE T
STREET ADDRESS 3837 PICKWICK DR
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE D
NAME SPITALE, STEVE
STREET ADDRESS 7900 WALDORF COURT
CITY-ST-ZIP ORLANDO FL ☒ Delete

TITLE S/T/D
NAME Kevin Nichols
STREET ADDRESS 8149 Woodsworth
CITY-ST-ZIP Orlando, FL 32817 ☒ Change ☒ Addition

TITLE VPD
NAME MULLINS, DAVID II
STREET ADDRESS 8129 WOODSWORTH DR
CITY-ST-ZIP ORLANDO FL 32817 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/00 (407) 6794924

CR2E037 (9/99)