

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51311

1. Entity Name

BRADFORDT PARK ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90261 019 ****61.25

Principal Place of Business

Mailing Address

C/O MID-FLORIDA PROP MGMT
5250 S US HWY 17-92
CASSELBERRY FL 32707
US

C/O MID-FLORIDA PROP MGMT
PO BOX 182130
CASSELBERRY FL 32718-2130
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5025 South U.S. Hwy. 17-92
City & State

5025 South U.S. Hwy 17-92
City & State

Zip

Country

Zip

Country

32707-3845

4. FEI Number

59-3145015

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

SPARE, WILLIAM C
C/O MID-FLORIDA PROPERTY MGMT
5250 SOUTH U.S. HIGHWAY 17-92
CASSELBERRY FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

5025 South U.S. Hwy. 17-92

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.

William C. Spare

Community Association Manager

2/23/2000

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

| | | |
|----------------|-----------------------|--|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | EMLING, JONI M | |
| STREET ADDRESS | 3055 BIRMINGHAM BLVD. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | BRAGG, ROBERT M | |
| STREET ADDRESS | 2814 BIRMINGHAM BLVD | |
| CITY-ST-ZIP | ORLANDO FL 32829 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | RAMOS, LUZ | |
| STREET ADDRESS | 3236 BIRMINGHAM BLVD. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Van Cura, Tony | |
| STREET ADDRESS | 2939 Birmingham Blvd. | |
| CITY-ST-ZIP | Orlando, FL 32829 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 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:

William C. Spare
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00

Date

(407) 836-2187

Daytime Phone #

CP2E037 (9/99)