

2002 UNIFORM BUSINESS REPORT (UBR)

\$61.25

DOCUMENT # N94000005042

1. Entity Name

BRADENTON HOUSING AUTHORITY RESIDENTS' ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 FEB 13 PM 4:40

Principal Place of Business

Mailing Address

1307 6TH STREET WEST
BRADENTON FL 34205

1307 6TH STREET WEST
BRADENTON FL 34205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6002720

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

**DESUE, WILLIAM B SR
% BRADENTON HOUSING AUTHORITY
1300 5TH STREET WEST
BRADENTON FL 34205**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	GARNER, LUBERTHA	
STREET ADDRESS	1300 5TH ST SW A-9	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DONBAR, MARY R.	
STREET ADDRESS	303 15TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	T	<input type="checkbox"/> Delete
NAME	RIVERS, YOLANDA	
STREET ADDRESS	1300-5TH ST W B-19	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	T	<input type="checkbox"/> Delete
NAME	MABRY, IVORY	
STREET ADDRESS	1507 3RD ST W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	T	<input type="checkbox"/> Delete
NAME	PETERSON, BARBARA	
STREET ADDRESS	1405 - 3RD ST W.	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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Handwritten signature/initials

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: *Handwritten Signature*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.30.00

Date Daytime Phone #

CR2E037 (9/01)