

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005695

1. Entity Name

BRENTWOOD FARMS PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

24746 N ESSEX AVE
HERNANDO FL 34442

Mailing Address

24746 N ESSEX AVE
HERNANDO FL 34442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3278531

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

ABEL, ERIC D ESQ
2476 N ESSEX AVENUE
HERNANDO FL 34442

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TAMPOSI, STEPHEN A 2476 N ESSEX AVENUE HERNANDO FL 34442	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PASTOR, JOHN D 2476 N ESSEX AVENUE HERNANDO FL 34442	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG, AVIS M 2476 N ESSEX AVENUE HERNANDO FL 34442	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAZEMORE, LISA 2476 N ESSEX AVENUE HERNANDO FL 34442	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINOGRAD, DONALD 2820 N BRENTWOOD CIRCLE LECANTO FL 34461	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, SAMUEL 2692 N BRENTWOOD CIRCLE LECANTO FL 34461	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERIC D. ABEL 2476 N. ESSEX AVENUE HERNANDO, FL 34442	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

LISA BAZEMORE

Date

Daytime Phone #

2/5/01 352-746-6060

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE