

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000105

1. Entity Name

BOLANDER RIVERSIDE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4625 STONE RIDGE TRAIL
SARASOTA FL 34232

4625 STONE RIDGE TRAIL
SARASOTA FL 34232

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

65-0738556

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

MELLOR, CORD C
13801-D TAMiami TRAIL
NORTH PORT FL 34287

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

TITLE SD
NAME COOPER, VINCENT J
STREET ADDRESS 10401 ST. PAUL DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL 33981 ☐ Delete

TITLE PD
NAME MILLER, TERRY L
STREET ADDRESS 4625 STONE RIDGE TRAIL
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

TITLE D
NAME COOPER, LINDA
STREET ADDRESS 10401 ST PAUL DR
CITY-ST-ZIP PORT CHARLOTTE FL 33981 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME PENNY E. MILLER
STREET ADDRESS 4625 STONE RIDGE TRAIL
CITY-ST-ZIP SARASOTA FL 34232 ☒ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-02

Date

941-429-8111

Daytime Phone #

2.

FILED

Mar 29, 2002 8:00 am
Secretary of State

02-26-2002 90026 041 ****61.25

10020



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)