

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90569 025 \*\*\*\*61.25

**DOCUMENT # N95000000613**

1. Entity Name

**BRADY MANOR HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

12313 BRADY MANOR WAY  
 JACKSONVILLE FL 32223  
 US

12313 BRADY MANOR WAY  
 JACKSONVILLE FL 32223  
 US

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

**59-3363586**

Applied For

Not Applicable

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

**THOMSON, CATHY**  
 12313 BRADY MANOR WAY  
 JACKSONVILLE FL 32223

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	<b>PD</b> <b>THOMSON CATHY</b> <b>12313 BRADY MANOR WAY</b> <b>JACKSONVILLE FL 32223</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TANKERSLY, BETH</b> <b>12338 BRADY MANOR WAY</b> <b>JACKSONVILLE FL 32223</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TANKERSLY, TOM</b> <b>12338 BRADY MANOR WAY</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FARMER, KEITH</b> <b>12325 BRADY MANOR WAY</b> <b>JACKSONVILLE FL 32223</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KOENIG, FRITZ</b> <b>12349 BRADY MANOR WAY</b> <b>JACKSONVILLE FL 32223</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOEING, JANET</b> <b>12349 BRADY MANOR WAY</b> <b>JACKSONVILLE FL 32223</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

*Jan 8, 2001* 904-290-3890  
 Date Daytime Phone #

CR2E037 (10/00)