2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N96000002783** Apr 20, 2000 8:00 am Secretary of State POMELLO PARK RANCHES HOMEOWNERS' ASSOCIATION. IN 04-20-2000 90091 011 ****61.25 Mailing Address Principal Place of Business 548 48TH ST CT E 548 48TH ST CT E BRADENTON FL 34208-5508 **BRADENTON FL 34208** ARTOTA 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required =_7.-Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent. Name Street Address (P.O. Box Number is Not Acceptable) GRIMES, CALEB J 1023 MANATEE AVENUE WEST **BRADENTON FL 34205** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition PD☐ Delete TITLE TITLE Brown, Thomas B. BROWN, THOMAS B NAME NAME STREET ADDRESS 548 - 48th Street Ct. East STREET ADDRESS 502 48TH STREET COURT E. CITY-ST-ZIP Bradenton, FL 34208 CITY-ST-ZIP **BRADENTON FL 34208** ☐ Change Addition TITLE 🛛 Delete SD VELDKAMP, ANTOINE NAME NAME Thomas B. Brown STREET ADDRESS STREET ADDRESS 502 48TH STREET COURT E. 548 - 48th St. Ct. East -CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** Bradenton, FL 34208 Change ☐ Addition □ Delete TITLE BROWN, THOMAS B JR NAME NAME Brown, Thomas B. Jr STREET ADDRESS STREET ADDRESS 502 48TH STREET COURT E. 548 - 48th St. Ct. E. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** Bradenton FL 34208 ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Thomas..B.

SIGNATURE:

Brown

10/00 941/741-250