

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0050817

04-11-2002 90720 032 \*\*\*\*61.25

**DOCUMENT # N96000002783**

1. Entity Name

**POMELLO PARK RANCHES HOMEOWNERS' ASSOCIATION, IN C.**

Principal Place of Business

Mailing Address

**548 48TH ST CT E  
BRADENTON FL 34208**

**548 48TH ST CT E  
BRADENTON FL 34208**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 449**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BRADENTON FL**

Zip

Country

**34222**

Country

**USA**

4. FEI Number

**NOT APPLICABLE**

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

Name

**GRIMES, CALEB J  
1023 MANATEE AVENUE WEST  
BRADENTON FL 34205**

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  
BROWN, THOMAS B  
548- 48TH ST CT. EAST  
BRADENTON FL 34208** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
BROWN, THOMAS B JR  
548 48TH ST. CT EAST  
BRADENTON FL 34208** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
BROWN, THOMAS B JR  
548 48TH ST CT EAST  
BRADENTON FL 34208** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
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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:

**Thomas B. Brown**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/02**

Date

**941.741-2500**

Daytime Phone #

CR2E037 (9/01)