

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90044 012 ****61.25

DOCUMENT # N98000001104

1. Entity Name
BRIGHTON BY THE SEA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 2017 CARDINAL LANE 2017 CARDINAL LANE
 NORTH LIBERTY IA 52317 NORTH LIBERTY IA 52317

Not activated yet - no receipts as of 9/13/00



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

To keep active - Note (of your office) said I should send 605 post marked on 9/13/00 - See Check enclosed

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2482671** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NOEL, LEE
1520 COUNTY RD., C-30
PORT ST JOE FL 32456

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD NOEL, LEE G 2017 CARDINAL LANE NORTH LIBERTY FL 52317 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVITZ, GARY L 14 CHERRY LANE NE IOWA CITY IA 52240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, THOMAS S 206 E 4TH ST PORT ST JOE FL 32456 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
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
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

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

Date _____ Daytime Phone # _____

CR2E037 (5/00)

- Attachment
N980000081104
C0101089

LERoy OR MARY S. NOEL
2017 CARDINAL LANE NE PH 319-626-6030
NORTH LIBERTY, IA 52317

TAX DEDUCTIBLE ITEM

\$ 6129

72-2162/739

9/13/00

Department of State - IA
Fifty One 9/25/00

BALANCE	1-25
THIS ITEM	OK
BALANCE	
DEPOSIT	Advantage CLUB
OTHER	
BALANCE	
FOR D	

IOWA STATE BANK
& TRUST COMPANY
P.O. Box 1700, Iowa City, IA 52244-1700

fee # N980000081104

⑆073921624⑆ ⑆16 3453 4⑆

NOT NEGOTIABLE