

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90094 046 \*\*\*\*61.25

**DOCUMENT # N98000001104**

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

Principal Place of Business <b>2017 CARDINAL LANE NORTH LIBERTY IA 52317</b>	Mailing Address <b>2017 CARDINAL LANE NORTH LIBERTY IA 52317</b>
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2. Principal Place of Business	3. Mailing Address <b>P.O. BOX 876</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>EASTPOINT FL</b>	City & State <b>EASTPOINT FL</b>
Zip <b>32328</b>	Country

4. FEI Number <b>59-2482671</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**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 **WAYNE M. GLEASMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**COMMUNITY MANAGEMENT SERVICES**  
**431 McCLOUD ST.**  
 City **ST. GEORGE ISLAND FL** Zip Code **32328**

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 *Wayne M. Gleasman* **Wayne M. Gleasman, TREAS. 04-26-02**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NOEL, LEE G 2017 CARDINAL LANE NORTH LIBERTY FL 52317</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LEVITZ, GARY L 14 CHERRY LANE NE IOWA CITY IA 52240</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D GIBSON, THOMAS S 208 E 4TH ST PORT ST JOE FL 32456</b></del> <input checked="" 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 checked="" type="checkbox"/> Addition <b>T WAYNE M. GLEASMAN 431 McCLOUD ST. ST. GEORGE ISLAND FL 32328</b>
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: *Wayne M. Gleasman* **Wayne M. Gleasman 04-26-02 850-927-4911**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)