

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90083 042 ****61.25

DOCUMENT # N98000002886

1. Entity Name

BLOOMINGDALE - BL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**776 W LUMSDEN RD
SUITE 107
BRANDON FL 33511
US**

Mailing Address

**776 W LUMSDEN RD
SUITE 107
BRANDON FL 33511
US**

2. Principal Place of Business

3. Mailing Address

c/o STERLING MANAGEMENT

Suite, Apt. #, etc.

2880 SCHERER DR #840

City & State

ST. PETE, FLORIDA

Zip

33716

Country

USA

4. FEI Number **59-3596345**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**TUCKER, HARVEY
776 W LUMSDEN RD
SUITE 107
BRANDON FL 33511**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **TUCKER, HARVEY**
STREET ADDRESS **776 W LUMSDEN RD #107**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **VD** ☐ Delete
NAME **THURMAN, TOM**
STREET ADDRESS **776 W LUMSDEN RD #107**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **STD** ☐ Delete
NAME **STAFFORD, HAROLD**
STREET ADDRESS **776 W LUMSDEN RD #107**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 employees.

SIGNATURE

SICILIA E. STAFFORD

**HAROLD
STAFFORD**

1/21/03 813-681-6124

Daytime Phone #

CR2E037 (10/02)