

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000275

1. Entity Name

MILLBROOK HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90089 001 ****61.25

A0046150

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2180 WEST SR 434 2180 WEST SR 434
SUITE 5000 SUITE 5000
LONGWOOD, FL 32779-5044 LONGWOOD, FL 32779-5044

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0899245

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

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

City

FL

Zip Code

HART, JAMES W. JR.
SENTRY MANAGEMENT, INC.
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779-5044

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	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☒ Addition
PD	WILLIAMS, LLOYD E.	814 6TH AVE W.	BRADENTON, FL 34205		
VD	WILLIAMS, BRITTON H.	814 6TH AVE W.	BRADENTON, FL 34205		
STD	REID, BRUCE C.	814 6TH AVE W.	BRADENTON, FL 34205		
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bruce C. Reid

2/7/01 (941) 748-8834

CR2E037 (11/00)