

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003330

1. Entity Name

BROOKER CREEK PLAZA MAINTENANCE ASSOCIATION, INC

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90135 041 ****61.25

| | |
|--|---|
| Principal Place of Business 31111 US HWY 19 NORTH PALM HARBOR FL 34684 | Mailing Address 31111 US HWY 19 NORTH PALM HARBOR FL 34684-4438 |
|--|---|

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| 2. Principal Place of Business 3014 U.S. HWY. 19 Suite, Apt. #, etc. | 3. Mailing Address 3014 U.S. HWY. 19 Suite, Apt. #, etc. |
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|-----------------------------|-----------------------------|--|
| City & State HOLIDAY, FL | City & State HOLIDAY, FL | 4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> |
| Zip 34691 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 6. Name and Address of Current Registered Agent NIKJEH, FARHOD 31111 US HWY 19 NORTH PALM HARBOR FL 34684 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 | D NIKJEH, FARHOD 31111 US HWY 19 NORTH PALM HARBOR FL 34684 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEKESH, RICHARD 3014 US HWY NO. HOLIDAY FL 34691 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENWOOD, CHERYL 3014 US HWY 19 NO. PALM HARBOR FL 34684 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3014 U.S. HWY. 19 HOLIDAY, FL 34691 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: RICHARD M. BEKESH

04/21/00

(727) 938-1516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #