

00 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005602

1. Entity Name

BRADFORD MANOR ASSOCIATION, INC.

FILED

01 JAN 25 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

00-01

| | | | |
|---|---------|---|---------|
| Principal Place of Business 5819 DARREN COURT CLEARWATER FL 33760 | | Mailing Address 5819 DARREN COURT CLEARWATER FL 33760 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--|-------------------------------|
| 4. FEI Number 59-33-3-6020 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

GARCIA, CEASAR
301 ISLAND WAY
UNIT C
CLEARWATER FL 33767

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 CEASAR GARCIA PRES. (NOTE: Registered Agent signature required when reinstating) DATE 1-23-01

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 GARCIA, CEASAR 301 ISLAND WAY UNIT C CLEARWATER FL 33767 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SMITH, RICKY C 5819 DARREN COURT CLEARWATER FL 33760 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LAKY, EDWARD 2131 BRADFORD STREET CLEARWATER FL 33760 <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 |
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| 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: X SIGNATURE REQUIRED X-12-1-00 727 365-8346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (5/00)