

2/28/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-28-2001 90050 024 ****61.25

DOCUMENT # N99000006961.

1. Entity Name

BRIGHTON PLACE COMMUNITY ASSOCIATION INC.

Principal Place of Business

1074 BRIGHTON PLACE BLVD.
KISSIMMEE FL 34744

Mailing Address

1074 BRIGHTON PLACE BLVD.
KISSIMMEE FL 34744

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WEST, GERALDINE
200 MONUMENT AVE., STE. A
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name: STEAK DOLOTHYStreet Address (P.O. Box Number is Not Acceptable)
680 Brighton Pl. BlvdCity Kissimmee

FL

Zip Code 34744

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

Dorothy Steak

Signature, typed or printed name of registered agent and title if applicable.

Dorothy Steak

(NOTE: Registered Agent Signature required when reinstating)

2/21/01

DATE

FILE NOW:
FEE IS \$61.259. 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	T	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, LOUISE	
STREET ADDRESS	1855 CHAUCER WAY	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	NAPOLITANO, MARYANN	
STREET ADDRESS	920 BRIGHTON PL WAY	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	PERRY, MARGE	
STREET ADDRESS	960 BRIGHTON PL BLVD	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Weathers	
STREET ADDRESS	720 Brighton Pl. Blvd. T	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perry, Marge	
STREET ADDRESS	960 Brighton Pl. Blvd. T	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hess, Jerome F.	
STREET ADDRESS	1840 W. Wingham Way	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE: Thomas K. Weathers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas K. Weathers

Date

2/21/01

Daytime Phone #

CP2E0070000