

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0441682 AV

DOCUMENT # P96000058710

1. Entity Name

BROOK HOUSE PROPERTIES, INC.

03-13-2002 90153 026 ***150.00

Principal Place of Business

Mailing Address

**324 SECOND STREET N
 ST. PETERSBURG FL 33701
 US**

**SPANISH OAKS
 324 2ND ST N
 ST PETERSBURG FL 33701
 US**

00040110



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 **59-3451928**

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

**LEWENSON, MICHAEL C
 SPANISH OAKS
 324 2ND ST N
 ST PETERSBURG FL 33701**

Spelling Correction

Name **LEVENSON, Michael C**

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

324 2ND ST N

City **ST PETERSBURG** FL Zip Code **33701**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete
 NAME **LEVENSON, JANET C**
 STREET ADDRESS **1753-D BELLEAIR FOREST DR.**
 CITY-ST-ZIP **BELLEAIR FL 34616**

TITLE **DPST** ☒ Change ☐ Addition
 NAME **LEVENSON, JANET C.**
 STREET ADDRESS **BELLEAIR FOREST GARDENS 1753-D BELLEAIR FOREST DR**
 CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE **DV** ☐ Delete
 NAME **LEVENSON, MICHAEL C.**
 STREET ADDRESS **1753-D BELLEAIR FOREST DR.**
 CITY-ST-ZIP **BELLEAIR FL 34616**

TITLE **DV** ☒ Change ☐ Addition
 NAME **LEVENSON, MICHAEL C**
 STREET ADDRESS **BELLEAIR FOREST GARDENS 1753-D BELLEAIR FOREST DR**
 CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE ☐ Delete
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 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael C. Levenson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 - 28. 02

727.823 7368

Date

Daytime Phone #

CR2E034 (9/01)