

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063284

1. Entity Name

BRISTOL PARK MANAGEMENT, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90095 036 \*\*\*150.00

Principal Place of Business

Mailing Address

2247 PALM BEACH LAKES BLVD., SUITE 204  
W. PALM BEACH FL 33409

2247 PALM BEACH LAKES BLVD., SUITE 204  
W. PALM BEACH FL 33409-3409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0886815

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MACKEY, WALTER J JR.  
1601 FORUM PL., STE. 805  
W. PALM BEACH FL 33401

Name

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

2247 PALM BEACH LAKES BLVD., SUITE 204

City

WEST PALM BEACH

FL

Zip Code

33409

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, 2000 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKEY, WALTER J. J		NAME	
STREET ADDRESS	772 LAGOON DR		STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL 33408		CITY-ST-ZIP	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUMM, WALTER T.		NAME	KRUMM, WALTER T., AS TRUSTEE OF WALTER T.
STREET ADDRESS	4951 GULFSHORE BLVD, PH301		STREET ADDRESS	KRUMM TRUST DATED JANUARY 1, 1988
CITY-ST-ZIP	NAPLES FL 33940		CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, EDWARD S.		NAME	
STREET ADDRESS	6080 TERRA ROSA CIR		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WALTER J. MACKEY, JR., PRESIDENT 4/26/00 561-684-8811

CR2E034 (9/99)