

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90099 050 ****61.25

DOCUMENT # N95000000326

1. Entity Name

BRADSHAW PROPERTIES OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**22051 N. O'BRIEN ROAD
 HOWEY-IN-THE-HILLS FL 34737**

**PO BOX 3508
 ORLANDO FL 32802**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3385613

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

**HATCHER, STEPHEN B
 315 E. ROBINSON STREET
 SUITE 600
 ORLANDO FL 32801**

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 _____

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	D <input type="checkbox"/> Delete
NAME	BRADSHAW, CHARLES E JR.
STREET ADDRESS	22051 N. O'BRIEN ROAD
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737
TITLE	D <input type="checkbox"/> Delete
NAME	HIGHTOWER, L. CLEVELAND
STREET ADDRESS	22051 N. O'BRIEN ROAD
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737
TITLE	D <input type="checkbox"/> Delete
NAME	HATCHER, STEPHEN B
STREET ADDRESS	315 E. ROBINSON ST., SUITE 600
CITY-ST-ZIP	ORLANDO FL 32801
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	

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	
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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: _____

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradshaw, Jr., Director 4/30/02 (352)429-4145

Date

Daytime Phone #

CF2E037 (9/01)