

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/3

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

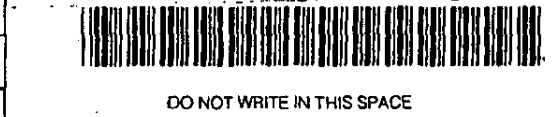
01-31-2001 90097 022 \*\*\*\*61.25

**DOCUMENT # 700686**  
 1. Entity Name  
**EAST LAKE PARK HOMEOWNERS CIVIC CLUB, INCORPORAT**

Principal Place of Business: **7217 KINGSBURY CIRCLE TAMPA FL 33610**  
 Mailing Address: **6815 SPENCER CIR TAMPA FL 33610 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State  
 Zip: Country



6. Name and Address of Current Registered Agent  
**MCLEMORE, CAROL A**  
**6815 SPENCER CIRCLE**  
**TAMPA FL 33610**

4. FEI Number: **59-1704197**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 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: *[Signature]*  
Signature and typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) 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

TITLE	PS	<input type="checkbox"/> Delete
NAME	WILLIAMS, GRAIG	
STREET ADDRESS	6501 WALTON WAY	D
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCLEMORE, CAROL A	
STREET ADDRESS	6815 SPENCER CIRCLE	D
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WENCKA, ELEANOR	
STREET ADDRESS	6617 TRAVIS BLVD	D
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, MARIE	
STREET ADDRESS	6816 SPENCER CIR	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPRONIKIN, JOHN	
STREET ADDRESS	6811 SPENCER CIRCLE	D
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEMORE, CAROL A.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELEANOR WENCKA	
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 REQUIRED** *[Signature]* **28 FEB 2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)