

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90361 002 ****61.25

DOCUMENT # 700686

1. Entity Name

EAST LAKE PARK HOMEOWNERS CIVIC CLUB, INCORPORAT

Principal Place of Business

Mailing Address

**KINGSBURY CIRCLE
 TAMPA FL 33610**

**6815 SPENCER CIR
 TAMPA FL 33610
 US**

2. Principal Place of Business

3. Mailing Address

7217 Kingsbury Cir

6517 Walton Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tampa

City & State

33610

City & State

Tampa FL

4. FEI Number

59-1704197

Applied For

Not Applicable

Zip

Country

171156000

Zip

Country

33610 USA

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

**MCLEMORE, CAROL A
 6815 SPENCER CIRCLE
 TAMPA FL 33610**

Name
Jeanne C. Whitaker

Street Address (P.O. Box Number is Not Acceptable)
6517 Walton Way

City
Tampa

FL

Zip Code
33610

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

Jeanne C. Whitaker *Jeanne C. Whitaker* *4/29/02*

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 Delete
 NAME **PSD WILLIAMS, GRAIG**
 STREET ADDRESS **6501 WALTON WAY**
 CITY-ST-ZIP **TAMPA FL 33610**

TITLE Change Addition
 NAME **Treasurer Jeanne C. Whitaker**
 STREET ADDRESS **6517 Walton Way**
 CITY-ST-ZIP **Tampa, FL 33610**

TITLE Delete
 NAME **TD MCLEMORE, CAROL A**
 STREET ADDRESS **6815 SPENCER CIRCLE**
 CITY-ST-ZIP **TAMPA FL 33610**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD WENCKA, ELINOR**
 STREET ADDRESS **6617 TRAVIS BLVD**
 CITY-ST-ZIP **TAMPA FL 33610**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD SPRONIKIN, JOHN**
 STREET ADDRESS **6811 SPENCER CIRCLE**
 CITY-ST-ZIP **TAMPA FL 33610**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Jeanne C. Whitaker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (813) 2597160
 Date Daytime Phone #

CR2E037 (9/01)