

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90089 043 \*\*\*\*61.25

**DOCUMENT # 719368**

1. Entity Name

**SEMINOLE-ON-THE-GREEN, CAVALIER BUILDING ONE ASS**

Principal Place of Business

Mailing Address

**8950 PARK BOULEVARD  
 APT 110  
 SEMINOLE FL 33777  
 US**

**8950 PARK BOULEVARD  
 APT 110  
 SEMINOLE FLA 33777-4122**

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1674716**

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

**KRUPA, TOM  
 8950 PARK BLVD #305  
 SEMINOLE FL 33777**

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  Delete  
 NAME **PD**  
 STREET ADDRESS **DAGGY, JOANNE**  
 CITY-ST-ZIP **8950 PARK BLVD #103**  
**SEMINOLE FL**

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **PAUL BERNARD**  
 CITY-ST-ZIP **8950 PARK BLVD #402**  
**SEMINOLE, FL 33777**

TITLE  Delete  
 NAME **VPD**  
 STREET ADDRESS **WAGGETT, RALPH**  
 CITY-ST-ZIP **8950 PARK BLVD #504**  
**SEMINOLE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **LEWIS, RICHARD**  
 CITY-ST-ZIP **8950 PARK BLVD #105**  
**SEMINOLE FL 33777**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **ZIMMERMAN, LEONARD**  
 CITY-ST-ZIP **8950 PARK BLVD #608**  
**SEMINOLE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **NAVARRE, FRED**  
 CITY-ST-ZIP **8950 PARK BLVD #505**  
**SEMINOLE FL**

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)(f), 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: *TOM KRUPA*

**RECTOR KRUPA SECRETARY**

*1/21/00*

*727-393-5573*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (9/99)