FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 26, 2001 8:00 am DOCUMENT # 723659 **Secretary of State** 1. Entity Name 03-26-2001 90036 004 ****61.25 JAPANESE GARDENS LOT RENTERS PROTECTIVE ASSOCIAT Principal Place of Business Mailing Address 2650 FUJIAMA DR 2650 FUJIAMA DR CLEARWATER FL 33764 CLEARWATER FL 33764 2. Principal Place of Business 3. Mailing Address 2674 RICKSHAW 2674 BICKSHAW Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For CLEARNATER 59-3433306 EARKATER Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHN KAVENER Street Address (P.O. Box Number is Not Acceptable) 2674 RiCKSHAW DR sytsma, Joan 2674 2650 Fujiama Dr **CLEARWATER FL 33764** LEARWATER 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. 9-23-01 SIGNATURE JOHN KAVENER 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **FEE IS \$61.25** Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Change **Addition** RONALD PETROSINO 1280 S. Kimoda DR BACKWELL, RAY NAME NAME STREET ADDRESS STREET ADDRESS 2626 TEAKWOOD DR CLEARWATER, FL 33764 FLIX CHAPPELLET CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 ☐ Delete TITLE TITLE SA ☐ Change **Addition** 2643 BUTTERFLY DR. NAME NAME SYTSMA, JOAN STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33764 2650 FUJIAMA DRIVE CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL **☆**:Addition TITLE "~ ROBERT ENT. NAME NAME 2624 FUJIAMA DR CLEARNATER, FLA 33764 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER EL CITY-ST-ZIP TRES. Delete TITLE TITLE ☐ Change Addition X JOHN RAVENER 2174 RICKSHAN DR NAME NAME CANTAFIO, JOSEPH STREET ADDRESS STREET ADDRESS 2678 RICKSHAW DRIVE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 CLEARWATER FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME SMOLSKI, JOAN STREET ADDRESS STREET ADDRESS 2667 TEAKWOOD DR CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 TITLE Delete TITLE Change n ☐ Addition NAME ADAMS, AL NAME STREET ADDRESS STREET ADDRESS 1291 S. KIMONA DR CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764

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. John RNENER

SIGNATURE:

SNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-01

727-536-3403