

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90310 005 \*\*\*\*61.25

**DOCUMENT # 726656**



1. Entity Name  
**THE GARDENS 103, INC.**

Principal Place of Business      Mailing Address  
~~3001 EXECUTIVE DRIVE~~      ~~3001 EXECUTIVE DRIVE~~  
~~#260~~      ~~#260~~  
~~CLEARWATER FL 33762~~      ~~CLEARWATER FL 33762~~  
~~US~~      ~~US~~

2. Principal Place of Business      3. Mailing Address  
**100 CEDARWOOD CIRCLE**      **7300 PARK ST.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**SEMINOLE FL**      **SEMINOLE FL**  
Zip      Country      Zip      Country  
**33777**      **US**      **33777-4601**      **US**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1466044**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CONDOMINIUM ASSOCIATES**  
**3001 EXECUTIVE DRIVE**  
**#260**  
**CLEARWATER FL 33762**

7. Name and Address of New Registered Agent  
Name **DEBRA REINHARDT**  
Street Address (P.O. Box Number is Not Acceptable)  
**RESOURCE MANAGEMENT INC.**  
**7300 PARK ST.**  
City **SEMINOLE**      FL      Zip Code **33777-4601**

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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: *Debra Reinhardt*  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHUPE, JAY</b> <b>224 CEDARWOOD CIRCLE</b> <b>SEMINOLE FL 33777</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONTINANZA, ERNIE</b> <b>206 CEDARWOOD CIRCLE</b> <b>SEMINOLE FL 33777</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JOHNSON, HAROLD</b> <b>103 CEDERWOOD CIR</b> <b>SEMINOLE FL 33777</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>RAINA, ANGELO</b> <b>209 CEDARWOOD CIRCLE</b> <b>SEMINOLE FL 33777</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SHIRLY, CURTICE</b> <b>104 CEDERWOOD CIR</b> <b>SEMINOLE FL 33777</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEARSIN, VIRGNIA</b> <b>41 FAIRWAY CRESCENT AMBERSHORG</b> <b>N9V3TS ONTARIO CA</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NELSON, DAVID</b> <b>D</b> <b>201 CEDARWOOD CIR</b> <b>SEMINOLE FL 33777</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PVPD</b> <b>102 CEDARWOOD CIR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>DELANCEY ROBERT</b> <b>201 CEDARWOOD CIR</b> <b>SEMINOLE FL 33777</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD</b> <b>CURTICE, SHIRLEY</b> <b>104 CEDARWOOD CIR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE: *Handwritten Signature*      **REQUIRED**

02/17/03

CR2E037 (10/02)