

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90308 012 ****61.25

DOCUMENT # 727640
 1. Entity Name
Randolph Farms I Condominium Association, INC.

Principal Place of Business Mailing Address
2753 State Road #580 2753 State Road #580
Clearwater, FL 33761 Clearwater, FL 33761
Suite 207

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number 591684964 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Maureen Reardon
c/o Progressive Management, Inc.
2753 State Road # 580, Suite 207
Clearwater, FL 33761

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 Maureen C Reardon DATE 4-18-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD <input type="checkbox"/> Delete
NAME	<u>Russ Buuse</u>
STREET ADDRESS	<u>13300 Indian Rocks Road #101</u>
CITY-ST-ZIP	<u>Largo, FL 33774</u>
TITLE	VD <input type="checkbox"/> Delete
NAME	<u>Jack Wice</u>
STREET ADDRESS	<u>13300 Indian Rocks Road #101</u>
CITY-ST-ZIP	<u>Largo, FL 33774</u>
TITLE	TD <input type="checkbox"/> Delete
NAME	<u>Walter Horbert</u>
STREET ADDRESS	<u>13300 Indian Rocks Road #102</u>
CITY-ST-ZIP	<u>Largo, FL 33774</u>
TITLE	SD <input type="checkbox"/> Delete
NAME	<u>Erwin Fenton</u>
STREET ADDRESS	<u>13300 Indian Rocks Road #402</u>
CITY-ST-ZIP	<u>Largo, FL 33774</u>
TITLE	DD <input type="checkbox"/> Delete
NAME	<u>Edward Eschenroeder</u>
STREET ADDRESS	<u>13300 Indian Rocks Road #201</u>
CITY-ST-ZIP	<u>Largo, FL 33774</u>
TITLE	PD <input type="checkbox"/> Delete
NAME	<u>Carolyn Fishback</u>
STREET ADDRESS	<u>13300 Indian Rocks Road #1004</u>
CITY-ST-ZIP	<u>Largo, FL 33774</u>

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: Russell Buuse DATE 4/7/01 DAYTIME PHONE # 727-595-3508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)