

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90002 010 ****61.25

DOCUMENT # 727694

1. Entity Name
ECONFINA ESTATES PARK, INC.

Principal Place of Business Mailing Address
7237 ECONFINA ESTATES **7237 ECONFINA ESTATES**
YOUNGSTOWN FL 32466 **YOUNGSTOWN FL 32466**

C0031138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1764992	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable.
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SANDERS, SANDY 7237 ECONTINA ESTATES PARK RD YOUNGSTOWN FL 32466				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 _____ DATE _____
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLACKWELL, J. WHILDON		NAME		
STREET ADDRESS	P.O. BOX 520 N/A		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32402		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDERS, SANDY		NAME		
STREET ADDRESS	7237 ECONTINA ESTATES PARK RD		STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL 32466		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREEN, RICHARD		NAME		
STREET ADDRESS	7260 ECONTINA ESTATES RD		STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL 32466		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, CHARLES		NAME		
STREET ADDRESS	7237 ECONFINA ESTATES RD		STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL 32466		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KERR, JOHN		NAME		
STREET ADDRESS	7224 ECONFINA ESTATES RD		STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL 32466		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WRIGHT, GARY		NAME		
STREET ADDRESS	7285 ECONFINA ESTATES RD		STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL 32466		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.

850/872-7595

SIGNATURE: *Sandy Sanders* **Sandy Sanders, Secretary/Treasurer** 03/02/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)