

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90020 014 ****61.25

DOCUMENT # 733001

1. Entity Name
CORDOVA GREENS OF LARGO, INC.

| | |
|---|---|
| Principal Place of Business % GOLDSTAR MANAGEMENT 34072 US 19 NORTH PALM HARBOR FL 34684 US | Mailing Address % GOLDSTAR MANAGEMENT 34072 US 19 NORTH PALM HARBOR FL 34684 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business GOLDSTAR MGMT CO INC Suite, Apt. #, etc. 2435 US HWY 19 STE 270 City & State HOLIDAY FL Zip 34691 Country USA | 3. Mailing Address GOLDSTAR MGMT CO INC Suite, Apt. #, etc. 2435 US HWY 19 STE 270 City & State HOLIDAY FL Zip 34691 Country USA |
|--|--|

| | | |
|--|---|--|
| 4. FEI Number 59-2013913 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent GOLDMAN, WILLIAM % GOLDSTAR MANAGEMENT 34072 US 19 NORTH PALM HARBOR FL 34684 | 7. Name and Address of New Registered Agent Name GOLDMAN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) % GOLDSTAR MGMT CO INC 2435 US 19 STE 270 City HOLIDAY FL Zip Code 34691 |
|---|---|

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: *William Goldman* **WILLIAM GOLDMAN** **01-30-2002**
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. <input type="checkbox"/> | \$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 NAME STREET ADDRESS CITY-ST-ZIP | TD KOHLER, MARY LOU 8681 BARDMOOR BLVD., #C407 LARGO FL 33777 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PRESTON, JOYCE 8681 BARDMOOR BLVD 606C LARGO, FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STEVENS, JUDITH M. 8681 BARDMOOR BLVD, #C508 LARGO FL 33777 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WEISS, ALLAN H 8605 BARDMOOR BLVD A106 LARGO FL 33777 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD METAS-PRICE, LOIS 8693 BARDMOOR BLVD B102 LARGO FL 33777 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TOBELL, MARY 8693 BARDMOOR BLVD. B304 LARGO FL 33777 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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 empowered.

SIGNATURE: *William Goldman* **WILLIAM GOLDMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)