2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 733066 Mar 01, 2000 8:00 am **Secretary of State** ZEPHYR ESTATES EAST, INC. 03-01-2000 90050 043 ****61.25 Mailing Address Principal Place of Business 4801 AIRPORT RD 4801 AIRPORT RD ZEPHYRHILLS FL 33540-5201 ZEPHYRHILLS FL 33540 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #. etc. 4. FEI Number Applied For City & State . City & State 59-1901703 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BUCK, HARLAN 4801 AIRPORT RD **CONDO 102** Zip Code ZEPHYRHILLS FL 33540 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 Signature, typed or printed name of registered agent and title if applicable. (NOTF, Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete ☐ Change TITLE A TITLE NAME GAHM, JIM NAME FOXWOOD CONDO #113 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS, FL 00000 ☐ Delete TITLE Change ☐ Addition TITLE GENTRY, ED NAME NAME FOXWOOD CONDO #120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 20 ☐ Delete TITLE ☐ Change ☐ Addition TITLE **BUCK HARLAN** NAME NAME STREET ADDRESS FOXWOOD CONDO #102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL ☐ Change Addition ☐ Delete TITI F WALRAVEN, JIMMIE R NAME STREET ADDRESS STREET ADDRESS FOXWOOD CONDO #218 CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33540 X Change ■ Addition 🗹 Delete TITLE Keith Villnave HALL, ARTHUR NAME Foxwood Condo #115 STREET ADDRESS STREET ADDRESS FOXWOOD CONDO #204 Zephyrhills FL CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

ST-ZIP

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