

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90027 019 *****61.25

DOCUMENT # 733066

1. Entity Name

ZEPHYR ESTATES EAST, INC.

Principal Place of Business Mailing Address
4801 AIRPORT RD 4801 AIRPORT RD
ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540
US US

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 59-1901703 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

BUCK, HARLAN
4801 AIRPORT RD
CONDO 102
ZEPHYRHILLS FL 33540
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 _____
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 Department of State

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DV	GAHM, JIM	FOXWOOD CONDO #113	ZEPHYRHILLS, FL 00000	☐					☐	☐
D	GENTRY, ED	FOXWOOD CONDO #120	ZEPHYRHILLS FL	☒	D	Glendon Shodahl	Foxwood Condo #103	Zephyrhills Fl	☒	☐
PD	BUCK HARLAN	FOXWOOD CONDO #102	ZEPHYRHILLS FL	☐					☐	☐
D	WALRAVEN, JIMMIE R	FOXWOOD CONDO #218	ZEPHYRHILLS FL 33540	☐					☐	☐
D	VILLNAVE, KEITH	FOXWOOD CONDO #115	ZEPHYRHILLS FL	☐					☐	☐
				☐					☐	☐

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: Harlan Buck 2-23-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)