

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746391

1. Entity Name

EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT AS

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90031 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1050 A E LAKE  
WOODLANDS PKWY  
OLDSMAR FL 34677  
US

1050 A E LAKE  
WOODLANDS PKWY  
OLDSMAR FL 34677  
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

59-1954087

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

SCANNAVINO, DOMINICK  
1050 A E LAKE WOODLANDS PKWY  
OLDSMAR FL 34677

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 PD ☐ Delete  
NAME MILLER, THOMAS C.  
STREET ADDRESS 90 TADS TRAIL  
CITY-ST-ZIP OLDSMAR FL

TITLE SD ☐ Change ☒ Addition  
NAME PHILLIPS, HARRIET  
STREET ADDRESS 40 TADS TRAIL  
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE D ☐ Delete  
NAME COGSWELL, EUGENE T.  
STREET ADDRESS 100 TRADS TRAIL  
CITY-ST-ZIP OLDSMAR FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME WARACH, IRVIN  
STREET ADDRESS 130 EVELYN COURT  
CITY-ST-ZIP OLDSMAR FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME COLEMAN, LYNN  
STREET ADDRESS 80 POOLE PLACE  
CITY-ST-ZIP OLDSMAR FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME CANTRELL, RICK  
STREET ADDRESS 170 POOLE PL  
CITY-ST-ZIP OLDSMAR FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CANTRELL, BARBARA  
STREET ADDRESS 170 POOLE PL  
CITY-ST-ZIP OLDSMAR FL

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)