

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State 04-25-2001 90093 008 ****61.25

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1. Entity Name

EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT AS

Principal Place of Business

Mailing Address

1050 A E LAKE WOODLANDS PKWY OLDSMAR FL 34677 US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1954087

Applied For

Not Applicable

Zip

Country

Zip

Country

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

X SCANNING DOMINICK
XX 1050 A E LAKE WOODLANDS PKWY
XX OLDSMAR FL 34677 X

Name Joseph R. Cianfrone, PA

Street Address (P.O. Box Number is Not Acceptable) 1968 Bayshore Boulevard

City Dunedin FL Zip Code 34698

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

Table with columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for PD MILLER, THOMAS C., D COGSWELL, EUGENE T., SD PHILLIPS, HARRIET, DT COLEMAN, LYNN, VD CANTRELL, RICK, and D CANTRELL, BARBARA.

Table with columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for 10033 9th Street N, 2nd Floor St. Petersburg, FL 33716, Frank Clarke, Robert Poklemba, and Mary Fletcher.

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: Thomas Miller, President 30-01 727-784-7388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)