

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90011 020 \*\*\*\*61.25

**DOCUMENT # 749110**

1. Entity Name

**MORNINGSIDE EAST, INC.**

Principal Place of Business

Mailing Address

2753 S. R. 580 STE 207  
 CLEARWATER FL 33761  
 US

2753 S. R. 580 STE 207  
 CLEARWATER FL 33761  
 US

00010101



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

**59-1949441**

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

**REARDON, MAUREEN C.**  
 2753 S. R. 580 STE 207  
 CLEARWATER FL 33761

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  Delete  
 NAME **PD ANDERSON, ROBERT**  
 STREET ADDRESS **2501 HARN BLVD #G-5**  
 CITY-ST-ZIP **CLEARWATER, FL 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1101 FLUSHING AVENUE**  
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE  Delete  
 NAME **VD MALMSTROM, KEN**  
 STREET ADDRESS **1101 FLUSHING AVE.**  
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1917 PINEHURST DRIVE**  
 CITY-ST-ZIP **CLEARWATER-FL 33763**

TITLE  Delete  
 NAME **TD KOELSCH, JIM**  
 STREET ADDRESS **6414 1ST AVE NO**  
 CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MCCONLOGUE, JANE**  
 STREET ADDRESS **2500 HARN BLVD #F-03**  
 CITY-ST-ZIP **CLEARWATER, FL 00000**

TITLE  Change  Addition  
 NAME **S/D**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D TRIPP, MIKE**  
 STREET ADDRESS **17905 HOLLYBROOK DRIVE**  
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 attached with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]*  
 V.P. MSETTE  
 BO OF DIRECTORS  
 1/13/2000 727-738-4241