

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 7526006

1. Entity Name
LAKE ELLEN VILLAS, INC.

FILED

00 AUG -2 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business 7628 N 56TH STREET
3. Mailing Address 7628 N. 56TH STREET

Suite, Apt. #, etc. SUITE 8
Suite, Apt. #, etc. SUITE 8

City & State TAMPA, FL
City & State TAMPA, FL

Zip 33617 Country
Zip 33617 Country

4. FEI Number 59-3095876 Not Applicable

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

99-00

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name SAM BAILEY
Street Address (P.O. Box Number is Not Acceptable) 3405 ELLENWOOD LANE
City TAMPA FL Zip Code 33618

8. The above information certifies this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE  SAM BAILEY 4/27/00
(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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, SAM	
STREET ADDRESS	3405 ELLENWOOD LANE	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAY, LINDA	
STREET ADDRESS	3426 ELLENWOOD LANE	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAMPENGA, Jim	
STREET ADDRESS	3428 ELLENWOOD LANE	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, LANCE	
STREET ADDRESS	3413 ELLENWOOD LANE	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100003364411--2	
CITY-ST-ZIP	-08/18/00--01061--029	
	****122.50 ****122.50	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	99-00 UBR TS	
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:  SAM BAILEY 4-1-00
Date Daytime Phone #

CR2E037 (9/99)