2600 UNIFORM B		RT (UBR) 	·			
DOCUMENT # 752 500				FILED			
LAKE ELLEN VILLAS, INC.			00 AUG -2 PM 2: 30				
District District On the second	Marilla et Antalana		1	ecretary of State Leathpasee, flor			
Principal Place of Business	Mailing Address		MT	TEARLOSSEE, FLOR	IUA		
2. Principal Place of Business	3. Mailing Address	- (71 1				e e e e e e e e e e e e e e e e e e e	
7628 N 567H STREET Suite, Apt. #, etc.	7428 N. S Suite, Apt. #, etc.	567H STKEE	<u></u>		\CE\(\sigma^2\)	$i \bigcirc \bigcirc$	
SuITE 8	SuiTE 8		 	<u> </u>	1	100	
City & State TAN PA FL	City & State Fo		4. FEI Numb	309 <i>5</i> 876	- - - - - - - - - - - - - - - - - -	t Applicable	
Zip Country	Zip	Country		of Status Desired	\$8.75 Add	litional	
336/7 6. Name and Address of C	33617			Address of New Registered	Fee Required	<u>t</u>	
b. Name and Address of C	Junent Registered Agent	Name			- Agent		
•			AM BHIL	er is Not Acceptable)			
		3405	ELLEND	UCAD LANE			
1		A. =	- 13-3		1 77. 0-4		
\		City	MAA FL	. FI	L Zio Coca	18	
3. The above	ement for the nuroose of changing its r	egistered office or re	gistered agent, or bot	h, in the state of Florida.	· · ·		
Sala	a			.1	1		
SIGNATURE CONTRACTOR	<u>:</u>	SAM BA	ILEY	4/2	7/00		
Sign	(NOTE:	Registered Agent signature r	required when reinstating)	DATE			
FILE NOW FEE IS \$61.25	9. Election Campaign Trust Fund Contribu	, L.,	\$5.00 May Be Added to Fees	Make Check Departmen			
10. OFFICERS	AND DIRECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS AND D	DIRECTORS IN	10	
IπLE	☐ Delete		PD Sa		☐ Change	Addition	
NAME STREET ADDRESS		NAME C STREET ADDRESS	BAILEY, SAV	N WOOD LANE			
CITY-ST-ZIP	,	CITY-ST-ZIP	TAMPA. F	-L 33618			
nine	☐ Delete	1		•	☐ Change	Addition	
NAME			MURRAY, LI 1426 ELLE	NDA NWOOD LANE			
STREET ADDRESS	w., •	STREET ADDRESS 3	• -	L 33618	- ·		
NTLE	□ Delete	TITLE	r D		☐ Change	Addition	
NAME		NAME	CAMPENGA,	JIM ENNOOD LANE			
STREET ADDRESS City-St-Zip		STREET ADDRESS CITY-ST-ZIP		L 33618			
IITLE	☐ Delete	TITLE	I MM KN - 1 ID	2 33410	☐ Change	Addition	
NAME	•		JONES, LA 1413 ELLENG	NCE NOOD LANE		/ _	
STREET ADDRESS				33618			
MITLE .	☐ Delete	TITLE	IAMPA, FL	93410	Change	Addition	
· · · · · · · · · · · · · · · · · · ·		NAME	1	00003364	411-	2	
STREET ADDRESS SITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		-08/18/000 ****122.50	J1U61U ****12		
ITLE	Delete	TITLE		****122.5U	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	Addition	
IAME	□ boicte	NAME		· •	.	[
STREET ADDRESS		STREET ADDRESS	79-50	(100	J	1	
2. I hereby certify that the information suppl	lied with this filing does not qualify for	CITY-ST-ZIP	in Section 119 07/3/	D. Elorida Statutes Lifurther or	ertify that the in	formation	
indicated on this report or supplemental of the corporation or the receiver or truste	report is true and accurate and that my	v signature shall baye	e the same legal effec	it as if made under path: that I	am an officer	or alrector	
changed, or on an attachment with an ac	Idress, with all other like empowered.						
SIGNATURE:	SAM	BA	LEY	4-1-00	9		
	PED OR PRINTED NAME OF SIGNING OFFICER OF			Date	Daytime Phone #		