## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other/iRe, empowered.

MANUS IN EVELLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Mar 06, 2000 8:00 am Secretary of State DOCUMENT # **756877** 1. Entity Name STRATHMORE GATE-EAST AT LAKE ST. GEORGE HOMEOWNE 03-06-2000 90069 037 \*\*\*\*61.25 Mailing Address Principal Place of Business C/O INFINITI PROPERTY MANAGEMENT. INC. C/O INFINITI PROPERTY MANAGEMENT. INC. 1301 SEMINOLE BLVD., STE, 110 1301 SEMINOLE BLVD., STE. 110 LARGO FL 33770-8124 **LARGO FL 33770** HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2088320 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) INFINITI PROPERTY MANAGEMENT INC. 1301 SEMINOLE BLVE., STE. 110 LARGO 33770 City 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. Age 1 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. OFFICERS AND DIRECTORS D X Addition Change TITI F SD ■ Delete TITLE PRESTER, WILLIAM NAME MILLER, KAREN STREET ADDRESS STREET ADDRESS 2931 BUTTONBUSH CT 4046 CORKWOOD COURT CITY-\$T-ZIP CITY-ST-ZIF PALM HARBOR FL PALM HARBOR, FL 34684 ☐ Delete 🗶 Change ☐ Addition TITLE TITLE S/D NAME NAME ELLIOTT, LEE STREET ADDRESS STREET ADDRESS 2907 FIG COURT CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ABRAMS, ELAINE STREET ADDRESS STREET ADDRESS 2929 FIG COURT CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL Change ☐ Addition ☐ Delete TITLE TD NAME NAME GALLETTA, LUCY 2909 FIG COURT STREET ADDRESS STREET ADDRESS 2909 BUTTONBUSH COURT CITY-ST-7IP CITY-ST-ZIP PALM HARBOR FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE MCGUIRK, FRANCES NAME STREET ADDRESS STREET ADDRESS 2945 BUTTONBUSH CT CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL ☐ Change ☐ Addition ☐ Delete TITLE VD NAME NAME LUCE, ILEEN STREET ADDRESS 2939 BUTTONBUSH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM HARBOR FL 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

(727)784-6290