

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90958 043 ****61.25

DOCUMENT # 769658

1. Entity Name
LAKE TARPON SAIL & TENNIS CLUB III

Principal Place of Business Mailing Address **Same**
1050A East Lake Woodlands Parkway
Oldsmar, FL 34677

2. Principal Place of Business **1050A ELW Parkway** 3. Mailing Address **1050A ELW Parkway**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Oldsmar, FL** City & State **Oldsmar, FL**

Zip **34677** Country Country **34677**

4. FEI Number **59-2938772** Applied For
 Not Applicable

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

A0061067

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Scannavino, Dominick
1050A East Lake Woodlands Parkway
Oldsmar, FL 34677

7. Name and Address of New Registered Agent
 Name **Scannavino, Dominick**
 Street Address (P.O. Box Number is Not Acceptable)
1050A East Lake Woodlands Pkwy
 City **Oldsmar** **FL** Zip Code **34677**

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 _____ (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 | |
|---------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| P Weaver, Carole 90 S. Highland Ave. #308 Tarpon Springs, FL 34689 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| VPS Goodwin, Dick 90 S. Highland Ave. #317 Tarpon Springs, FL 34689 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| T Schultz, Melvin 90 S. Highland Ave. #121 Tarpon Springs, FL 34689 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Carole Weaver* **4-13-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)