**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 08, 2001 8:00 am Secretary of State DOCUMENT # N0000003482 1. Entity Name WATERFORD PLACE P.O.A., INC. 02-08-2001 90036 025 \*\*\*\*61.25 Principal Place of Business Mailing Address 2476 N. ESSEX AVE. 2476 N. ESSEX AVE. HERNANDO FL 34442 HERNANDO FL 34442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ABEL, ERIC D ESQ. 2476 N. ESSEX AVE. HERNANDO FL 34442 Zip Code FL 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 DATÉ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be П Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition TITLE PD TITLE ☐ Delete ABEL, ERIC D NAME NAME STREET ADDRESS STREET ADDRESS 2476 N. ESSEX AVE. CITY-ST-ZIP CITY-ST-ZIP HERNANDO FL 34442 Delete Change Addition TITLE TITLE סדו PASTOR, JOHN E NAME NAME STREET ADDRESS STREET ADDRESS 2476 N. ESSEX AVE. CITY-ST-ZIP CITY-ST-ZIP **HERNANDO FL 34442** Change ムク ☐ Addition TITLE ☐ Delete TITLE BAZEMORE, LISA NAME NAME STREET ADDRESS STREET ADDRESS 2476 N. ESSEX AVE. CITY-ST-ZIP CITY-ST-ZIP **HERNANDO FL 34442** ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 address, with all other like empowered.

LISTIGN BAZEMORE 352-746-6060 **SIGNATURE**