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May 01, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000003855 1. Entity Name						O3-25-2002 90113 003 ****61.25			
TALL P	PINES VILLAGE OF HERITAGE	PINES, INC.							
Principal Pl	ace of Business	Mailing Address							
		11524 SCENIC HILLS B HUDSON FL 34667	LVD.						
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2. Principal Place of Business		3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State				4. FEI Number 59-3670476 Applied For			
Zip Country		Zip Co.		untry	y 5 Certi		Certificate of Status Desired 58.75 Addi		lot Applicable Iditional
	6. Name and Address of Current	t Registered Agent		, . <u></u>	1	7. Name and Add		Fee Requir	ed ed
 -		<u>*</u>		Name				4-2-2	<u>, 450 - 15</u>
WASHBURN, PAMELA S.				Street A	set Address (P.O. Box Number is Not Acceptable)				
11524 SCENIC HILLS BLVD. HUDSON FL 34667				ļ					
TIDDOON	112 04007			City				FL Zip Coo	Je e
8. The abov	ve named entity submits this statement for	or the purpose of changing	its register	ed office or	registere	ed agent, or both, in	the state of Florida		
									ļ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (A	OTE: Registere	d Agent signatu	re recivired :	when reinstating)		DATE	<u> </u>
		1							
	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 DI		11.		^	DDITIONS/CHANGE	S TO OFFICERS A		
TITLE NAME	DP E ICHHOLT, LEWIS	Delete	πu	: (CO TO OTTIOENS A	ND DIRECTORS IN	110
STREET ADDRESS			E SUARM	. !	DP				Addition
City-St-ZIP	LILIDOON EL ALAST		NAMI STRE	E Et address	5tc		Eric bic Hills	Blvd	
IIITE	HUDSON FL 34667		STRE	Į.	Stc 115 114	ekland 24 scel	Eric bic Hills		
WALLE	DVP	☐ Delete	STRE CITY- TITLE	ET ADDRESS -ST-ZIP	Ste III		Eric bic Hills	Blvd	
NAME Street address	DVP MILLS, JOHN	☐ Delete	STRE CITY- TITLE NAME	ET ADDRESS -ST-ZIP	Ste 115 H		Eric bic Hills	Blvd 1467	Addition
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12. I hereby certify that the information supplied with this filling 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 eath; 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:

SIGNATURE REQUIRED
STORATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela Washburn, CMOA, AMS. PCAM® 7784
Vice President of Operations

Deviane Proces

4-17-02