

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90081 043 \*\*\*\*61.25

0020405

**DOCUMENT # N04080**  
 1. Entity Name  
**THORNEBROOK VILLAGE MAINTENANCE, INC.**

Principal Place of Business <b>2441 NW 43RD ST. GAINESVILLE FL 32606</b>	Mailing Address <b>2441 NW 43RD ST #15F GAINESVILLE FL 32606-7469 US</b>
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

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

City & State	City & State	4. FEI Number <b>59-2445110</b>	Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
-----	---------	-----	---------	---



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**JOHNSON, CARL L.**  
**4421 NW 39TH AVE**  
**GAINESVILLE FL 32606**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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.  
 SIGNATURE Johnson, Carl L., Agent DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D JACKS, MAUREN STREET ADDRESS 2441 NW 43RD ST 11B CITY-ST-ZIP GAINESVILLE FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D FRANK, ARTHUR STREET ADDRESS 2441 NW 43RD ST #6D CITY-ST-ZIP GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Delete	TITLE NAME D CREVASSE, BARBARA STREET ADDRESS 2441 NW 43rd St. #20 CITY-ST-ZIP GAINESVILLE, FL. 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D JACKSON, DAVID STREET ADDRESS 2441 NW 43RD STREET UNIT 26 CITY-ST-ZIP GAINESVILLE FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D MCINTYRE, MARY STREET ADDRESS 2441 NW 43RD STREET UNIT 11A CITY-ST-ZIP GAINESVILLE FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PD ARRIGHI, DAVID STREET ADDRESS 2441 NW 43RD ST 6D CITY-ST-ZIP GAINESVILLE FL 32606	<input type="checkbox"/> Delete	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"/> Delete	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: DAVID ARRIGHI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01 352-378-4947  
Date Daytime Phone #

CR2E037 (10/00)