

2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 21, 2002 8:00 am
Secretary of State

04-11-2002 90008 022 ****61.25

DOCUMENT # N04080

1. Entity Name

THORNEBROOK VILLAGE MAINTENANCE, INC.

Principal Place of Business

Mailing Address

2441 NW 43RD ST.
 GAINESVILLE FL 32608

2441 NW 43RD ST
 #15F
 GAINESVILLE FL 32608-7469
 US

2. Principal Place of Business

2441 N.W. 43rd Street

3. Mailing Address

2441 N.W. 43rd Street

Suite, Apt. #, etc.
 15 F

Suite, Apt. #, etc.
 15 F

City & State
 GAINESVILLE, FL.

City & State
 GAINESVILLE, FL.

4. FEI Number
 59-2445110

Applied For
 Not Applicable

Zip Country
 32606 USA

Zip Country
 32606 USA

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNSON, CARL L
 4421 NW 39TH AVE
 GAINESVILLE FL 32608

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rehashing)

DATE

Carl L Johnson

4/5/02

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	D	JACKS, MAUREN	<input type="checkbox"/> Delete
NAME		2441 NW 43RD ST 11B	
STREET ADDRESS		GAINESVILLE FL 32608	
CITY-ST-ZIP			
TITLE	D	FRANK, ARTHUR	<input checked="" type="checkbox"/> Delete
NAME		2441 NW 43RD ST #6D	
STREET ADDRESS		GAINESVILLE FL 32608	
CITY-ST-ZIP			
TITLE	D	JACKSON, DAVID	<input checked="" type="checkbox"/> Delete
NAME		2441 NW 43RD STREET UNIT 28	
STREET ADDRESS		GAINESVILLE FL 32608	
CITY-ST-ZIP			
TITLE	D	MCINTYRE, MARY	<input type="checkbox"/> Delete
NAME		2441 NW 43RD STREET UNIT 11A	
STREET ADDRESS		GAINESVILLE FL 32608	
CITY-ST-ZIP			
TITLE	PD	ARRIGHI, DAVID	<input type="checkbox"/> Delete
NAME		2441 NW 43RD ST 6D	
STREET ADDRESS		GAINESVILLE FL 32608	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	COLEY-CANNON, KAREN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2441 N.W. 43rd Street Unit 15	
STREET ADDRESS		GAINESVILLE FL 32606	
CITY-ST-ZIP			
TITLE	D	GREEN, Michael	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2441 N.W. 43rd STREET Unit 5B	
STREET ADDRESS		Gainesville, FL 32606	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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.

SIGNATURE:

DAVID ARRIGHI 4-5-02 378-4947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)