## 2002 Uniform Business Report (UBR)

## Apr 15, 2002 8:00 am **DOCUMENT # N07099** Secretary of State 1. Entity Name 04-15-2002 90049 014 \*\*\*\*61.25 OLD ENGLEWOOD VILLAGE ASSOCIATION, INC. Mailing Address Principal Place of Business 447 W DEARBORN ST. 411 W DEARBORN ENGLEWOOD FL' 34223 SUITE 168 ENGLEWOOD FL 34295-1207 2. Principal Place of Business 3. Mailing Address 447 WIDEARBORN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number ENGLEWOOD 59-2519334 Not Applicable Country \$8.75 Additional Zìo Country 5. Certificate of Status Desired 115 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PLATT, SHIRLEY 447 W DEARBORN ST ENGLEWOOD FL 34223 Zip Code City FI 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PRES. Change Addition TITLE TITLE ☐ Delete JOHN RADKINS 411 W. DEARBORN NAME NAME PLATT, SHIRLEY STREET ADDRESS STREET ADDRESS 447 W DEARBORN ST CITY-ST-ZIP ENGLEWOOD, FL 34223 CITY-ST-ZIP ENGLEWOOD FL 34223 DIR, Addition Change X Delete TITLE TITLE EDITH WRIGHT BUD. 333 FOX WOOD BUD. NAME NAME MACINTOSH, BOB STREET ADDRESS STREET ADDRESS 30 OLD ENGLEWOOD RD. ENGCEWOOD, FL 34223 CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 `□ Delete -☐ Addition TITLE TITLE NAME CATHY GARRISON NAME MEALS, TAYLOR STREET ADDRESS 450 W. DEARBORN STREET ADDRESS 13 BUCHANS LANDING CITY-ST-ZIP ENGLEWOOD, FL 34223 CITY-ST-ZIP ENGLEWOOD FL 34223 🔀 Delete TITLE Change Addition TITLE NAME TAYLOR MEALS NAME LEE, STEVE STREET ADDRESS 13 BUCHANS LANDING STREET ADDRESS 441 W DEARBORN ST. ENGLEWOOD, FL34223 CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME MOORE, BOB STREET ADDRESS STREET ADDRESS 145 W DEARBORN ST. CITY-ST-ZIP CITY-ST-ZIF ENGLEWOOD FL 34223 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SWAYZE, CAROL STREET ADDRESS STREET ADDRESS 30 N ELM ST. CITY-ST-ZIP CITY-ST-7IP **ENGLEWOOD FL 34223** 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

TO SHIPLEY PLATT, SREAS. 3/30/02 941-473-0935