

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90006 039 \*\*\*\*\*61.25

**DOCUMENT # N28006**  
 1. Entity Name  
**COLONY SOUTH, INC.**

Principal Place of Business 125 COLONY SOUTH DR. TARPON SPRINGS FL 34689 US	Mailing Address 125 COLONY SOUTH DR. TARPON SPRINGS FL 34689 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2908080</b>	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**REIMER, FREDERICK**  
**4800 MILE STRETCH**  
**HOLIDAY FL 34690**

7. Name and Address of New Registered Agent  
 Name **ROY E. GUNTER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**40844 U.S. HWY 19 N.**  
 City **TARPON SPRINGS FL** Zip Code **34689**

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 *Roy E. Gunter* **3-14-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SIEGFRIED, JEAN</b>	
STREET ADDRESS	<b>104 COLONY SOUTH DR</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOSE, ELIZABETH</b>	
STREET ADDRESS	<b>124 COLONY SOUTH DR</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROWN, ADELLA</b>	
STREET ADDRESS	<b>107 COLONY SOUTH DR</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CALVE, GERALD</b>	
STREET ADDRESS	<b>112 COLONY SOUTH DR</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVER, DORIS</b>	
STREET ADDRESS	<b>108 COLONY SOUTH DR</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DOOGE, KATHERINE</b>	
STREET ADDRESS	<b>116 COLONY SOUTH DR</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ORR, SHERRY</b>	
STREET ADDRESS	<b>109 COLONY SOUTH DR.</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS, FL. 34689</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRASER, SUZANNE</b>	
STREET ADDRESS	<b>124 COLONY SOUTH DR.</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIEGFRIED, JEAN</b>	
STREET ADDRESS	<b>104 COLONY SOUTH DR.</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS, FL. 34689</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ERFOURTH, SHARON</b>	
STREET ADDRESS	<b>101 COLONY SOUTH DR.</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS, FL. 34689</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARGON, WENDY</b>	
STREET ADDRESS	<b>116 COLONY SOUTH DR.</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS, FL. 34689</b>	

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: **SIGNATURE REQUIRED** *Suzanne Fraser* **3-29-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

934-9101