## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED May 09, 2000 8:00 am DOCUMENT # **N36646** 1. Entity Name Secretary of State WYNDTREE PHASE 2 ASSN., INC. 05-09-2000 90108 038 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O RESOURCE PROP MGMT 905 E M L KING JR DR 227-905 E M L KING JR DR TARPON SPGS FL 34689 TARPON SPGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 103 Cleveland Aves Applied For City & State 4. FEI Number 59-3060103 MR60 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THOMAS DOROTHU Street Address (P.O. Box Number is Not Acceptable) CAROLE DUCKWORTH, RESOURCE PROPleveland 905-E-M-L-KING-JR-DR 227 TARPON SPGS FL-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 (NOTE: Registered Agent signature required when reinstating). Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE BRINKMAN, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 7326 EVESBOROUGH LANE CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34855** TITLE ☐ Addition VŊ TITLE Delete BLUMBERG, JOE NAME BLINKMAN RICHARD NAME STREET ADDRESS STREET ADDRESS 7327\_EVESBOROUGH-LN-CITY-ST-ZIP CHY-ST-7IP NEW\_PORT=RICHEY=FL-34655 Delete TITLE TITLE PEMBERTON: MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 1000-FINCASTIF COURT CITY-ST-ZIP CITY-ST-ZIP HEW PORT-RIGHEY-FL-84855 **✓** Addition MOONEY TOSEPH P. Delete Change NAME NAME 1054 Middlesex DR. STREET ADDRESS STREET ADDRESS New Poer Richey7L. 34655 CITY-ST-ZIP CITY-ST-ZIP **X** Addition ☐ Change TITLE FOR MOSO JOREAL NAME 7451 Evesborough LN. STREET ADDRESS STREET ADDRESS New BRTRichey FL. 34655 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP 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