

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90246 002 \*\*\*\*61.25

DOCUMENT # N92000000154  
 1. Entity Name  
Biarritz Village Association, Inc.

Principal Place of Business Mailing Address  
4131 Gunn Highway  
Tampa, FL 33624

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number E59-3171749 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
 Name Greenacre Properties, Inc.  
 Street Address (P.O. Box Number is Not Acceptable)  
4131 Gunn Highway  
 City Tampa FL Zip Code 33624

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 Mary Ann Quallen DATE 4/20/01  
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

TITLE	P	<input type="checkbox"/> Delete
NAME	Charles R. Ogle	
STREET ADDRESS	18934 Avenue Biarritz	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Jim Lyman	
STREET ADDRESS	18904 Avenue Biarritz	
CITY-ST-ZIP	Lutz, FL-33549	
TITLE	S	<input type="checkbox"/> Delete
NAME	Don Webster	
STREET ADDRESS	18807 Avenue Biarritz	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	T	<input type="checkbox"/> Delete
NAME	Cindy Wakeland	
STREET ADDRESS	18904 Place Marquette	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	Joe Tomlinson	
STREET ADDRESS	18927 Avenue Biarritz	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	Walter Herren	
STREET ADDRESS	18808 Avenue Biarritz	
CITY-ST-ZIP	Lutz, FL 33549	

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		<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		
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: Charles R. Ogle Charles R. Ogle DATE 4/24/01 (813) 949-8141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/00)