

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90108 013 ****61.25

DOCUMENT # N92000000154

1. Entity Name

BIARRITZ VILLAGE ASSOCIATION, INC.

Principal Place of Business

4104 WEST LINEBAUGH AVENUE
 STE 201
 TAMPA FL 33624

Mailing Address

4131 GUNN HIGHWAY
 TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3171749

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENACRE PROPERTIES, INC
4131 GUNN HIGHWAY
TAMPA FL 33624

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 reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P. OGLE, CHARLES R**
 STREET ADDRESS **18934 AVENUE BIARRITZ**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP LYMAN, JIM**
 STREET ADDRESS **18904 AVENUE BIARRITZ**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S WEBSTER, DON**
 STREET ADDRESS **18807 AVENUE BIARRITZ**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T WAKELAND, CINDY**
 STREET ADDRESS **18904 PLACE MARQUETTE**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D TOMLINSON, JOE**
 STREET ADDRESS **18927 AVENUE BIARRITZ**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HERREN, WALTER**
 STREET ADDRESS **18808 AVENUE BIARRITZ**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change 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 Jan 17, 02 (813) 949-8141**

CP2E037 (9/01)