## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

address, with all other like empowered.

## Jun 18, 2001 8:00 am DOCUMENT # N9400003111 Secretary of State 06-18-2001 90001 014 \*\*\*\*61.25 WOODBURY PINES PROPERTY OWNERS' ASSOCIATION, INC Principal Place of Business Mailing Address WOODBURY PINES WOODBURY PINES PROPERTY OWNERS ASSOC INC ORLANDO FL 32828 P O BOX 781111 ORLANDO FL 32878-111 US IST Management Inc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2118447 Not Applicable Country Country **\$8.75**\_Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRICHTON, MICHAEL P : 402 WOODBURY PINES CIR , ORLANDO FL 32828 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 ed name of registered agent and title if applicable (NOTE: Registered Agent signature FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP TITLE DP Delete TITLE ☐ Change Addition NAME CRICHTON, MICHAEL P NAME STREET ADDRESS STREET ADDRESS 402 WOODBURY PINES CIR. CITY-ST-ZIP CITY-ST-ZIP OFIAndo FL 32828 ORLANDO FL 32828 TITLE TITLE ☐ Change Addition ROBERT S. MANN SQ. EBLIN, HEATHER L NAME 395 woodbury Places CIA STREET ADDRESS STREET ADDRESS 281-WOODBURY PINES CIR ONLANDO, FL CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 🛮 Delete TITLE TITLE ☐ Change Addition SANDRA CLANFAGliore FERNANDEZ, JANET M NAME NAME STREET ADDRESS 421 WOODBURY PINES CIR. STREET ADDRESS 786 Woodbuy Pires CIR CITY-ST-ZIE CITY-ST-ZIP ORLANDO FL 32828 ORIANIO FL 32828 TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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

2 May 01

FILED

PLEASE CHANGE YOUR BILLING ADDRESS TO:
PENN FIRST MANAGEMENT, INC 453 MARK TWAIN BLVD ORLANDO, FL 32828