

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90104 028 \*\*\*\*70.00

**DOCUMENT # N96000005878**

1. Entity Name

**GREATER ROTONDA ORGANIZATION, INC.**

Principal Place of Business

4005 CAPE HAZE DR  
 ROTONDA WEST FL 33947  
 US

Mailing Address

4005 CAPE HAZE DR  
 ROTONDA WEST FL 33947-2320  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2768554**

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

**RUSSELL, W. KEVIN**  
**18501 MURDOCK CIRCLE**  
**SIXTH FLOOR**  
**PORT CHARLOTTE FL FL**

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          | <b>D</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>WARNER, FRED D</b>        |  |
| STREET ADDRESS | <b>125 BUNKER ROAD</b>       |  |
| CITY-ST-ZIP    | <b>ROTONDA WEST FL 33947</b> |  |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>COY, WILLARD A</b>        |  |
| STREET ADDRESS | <b>244 MARK TWAIN LANE</b>   |  |
| CITY-ST-ZIP    | <b>ROTONDA WEST FL 33947</b> |  |
| TITLE          | <b>D</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>HOLMAN, MARJORIE A</b>    |  |
| STREET ADDRESS | <b>4005 CAPE HAZE DRIVE</b>  |  |
| CITY-ST-ZIP    | <b>ROTONDA WEST FL 33946</b> |  |
| TITLE          | <b>S</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>REYNOLDS, ELIZABETH</b>   |  |
| STREET ADDRESS | <b>580 ROTONDA BLVD W</b>    |  |
| CITY-ST-ZIP    | <b>ROTONDA WEST FL 33947</b> |  |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>RILEY, BARB</b>           |  |
| STREET ADDRESS | <b>3754 CAPE HAZE DRIVE</b>  |  |
| CITY-ST-ZIP    | <b>ROTONDA WEST FL</b>       |  |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| 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    |  |   |
| 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:** ~~SIGNATURE REQUIRED~~ **SHARON TAYLOR** **1/13/00** **(941)698-0044**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)