

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90111 025 \*\*\*\*61.25

**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  
 US

2. Principal Place of Business

**ROTONDA WEST**

Suite, Apt. #, etc.

3. Mailing Address

**244 MARK TWAIN LANE**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**ROTONDA WEST, FL.**

Zip  
**33947**

Country  
**USA**

City & State

**ROTONDA WEST, FL.**

Zip  
**33947**

Country  
**USA**

4. FEI Number

**59-2768554**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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**  
**After September 12, 2001, min. will be \$236.25**

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	<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>RILEY, BARB</b>	
STREET ADDRESS	<b>3754 CAPE HAZE DRIVE</b>	
CITY-ST-ZIP	<b>ROTONDA WEST FL</b>	
TITLE	<b>LEACH, KEN D</b>	<input type="checkbox"/> Delete
NAME	<b>LEACH, KEN D</b>	
STREET ADDRESS	<b>288 BUNNOROUS LANE</b>	
CITY-ST-ZIP	<b>ROTONDA, WEST FL 33947</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Willard A. Coy* **WILLARD A. COY DMD.** 7/5/01 941-697-6208  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/01)