

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90027 038 \*\*\*150.00

**DOCUMENT # P97000092500**

1. Entity Name  
**SWEETWATER EAST INVESTMENT CO.**

Principal Place of Business  
**684 DYSON ROAD**  
**HAINES CITY FL 33844**

Mailing Address  
**684 DYSON ROAD**  
**HAINES CITY FL 33844**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3471924</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<del>MATT, VICTORIA MRS</del> <del>443 SWEETWATER WAY</del> <del>HAINES CITY FL 33844</del>				Name <b>WILLIAM J. DENNIS</b>			
				Street Address (Post Office Box Number is Not Acceptable) <b>605 Sweetwater Way</b>			
				City <b>Haines City, Fl. 33844</b>			
				City <b>FL</b>		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 *William J. Dennis* DATE 02/14/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PHELAN, WILLIAM</b>			NAME	<b>Dibble, William E</b>		
STREET ADDRESS	<b>494 SWEETWATER WAY</b>			STREET ADDRESS	<b>580 Teesdale Dr.</b>		
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>			CITY-ST-ZIP	<b>Haines City, Fl. 33844</b>		
TITLE	<b>V</b>	<input type="checkbox"/> Delete		TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>DIBBLE, WILLIAM</b>			NAME	<b>William J. Dennis</b>		
STREET ADDRESS	<b>580 TWEEDALE DR</b>			STREET ADDRESS	<b>605 Sweetwater Way</b>		
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>			CITY-ST-ZIP	<b>Haines City, Fl. 33844</b>		
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MATT, VICTORIA</b>			NAME	<b>Miner, Marion J</b>		
STREET ADDRESS	<b>443 SWEETWATER WAY</b>			STREET ADDRESS	<b>601 Sweetwater Way</b>		
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>			CITY-ST-ZIP	<b>Haines City, Fl. 33844</b>		
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JACKS, THOMAS</b>			NAME			
STREET ADDRESS	<b>557 HARBOURVIEW DR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>WALLENSACK, DONALD</b>			NAME	<b>Rheaume, Wayne M.</b>		
STREET ADDRESS	<b>633 WATERCREST DRIVE</b>			STREET ADDRESS	<b>509 Eastlake Dr.</b>		
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>			CITY-ST-ZIP	<b>Haines City, Fl. 33844</b>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William E. Dibble* DATE 02/14/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**William E. Dibble, President, Board of Directors**

Daytime Phone #