

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002309

1. Entity Name

US 1 AND ST. AUGUSTINE ROAD ASSOCIATION, INC.

Principal Place of Business

6875 ULMERTON RD.
LARGO FL 34641

Mailing Address

6875 ULMERTON RD.
LARGO FL 33771-4945

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

ALLEN, LEROY
6875 ULMERTON RD.
LARGO FL 34641

Name

Street Address (P.O. Box Number is Not Acceptable)

404 N. Reo St. Suite 141

City

FL

Zip Code

33609

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 PD
NAME SERRABELLA, JAMES
STREET ADDRESS 6875 ULMERTON RD.
CITY-ST-ZIP LARGO FL 34641

TITLE
NAME 404 N Reo St. Suite 141
STREET ADDRESS Tampa, FL 33609
CITY-ST-ZIP

TITLE VD
NAME WALSH, PATRICK
STREET ADDRESS 6875 ULMERTON RD.
CITY-ST-ZIP LARGO FL 34641

TITLE
NAME 404 N Reo St. Suite 141
STREET ADDRESS Tampa, FL 33609
CITY-ST-ZIP

TITLE STD
NAME ALLEN, LEROY
STREET ADDRESS 6875 ULMERTON RD.
CITY-ST-ZIP LARGO FL 34641

TITLE
NAME 404 N Reo St. Suite 141
STREET ADDRESS Tampa, FL 33609
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.00 8136391818

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE