

2001 UNIFORM BUSINESS REGISTER (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90521 048 ***150.00

DOCUMENT # 216939
Entity Name
 CLEARVIEW OAKS MANAGEMENT, INC. ✓

Principal Place of Business 5758 54th Ave. North
 St. Petersburg, FL 33709
Mailing Address 8700 S. W. 99th Street
 Ocala, FL 34481

2. Principal Place of Business 447 S.W. 99th Street Road
 Suite, Apt. #, etc.
3. Mailing Address 8447 S.W. 99th Street Road
 Suite, Apt. #, etc.

City & State Ocala, FL
Zip 34481
Country USA

4. FEI Number 59-0932735
Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Sidney Colen
 5758 54th Ave. North
 St. Petersburg, FL 33709

7. Name and Address of New Registered Agent
Name Gerald R. Colen, Esq.
Street Address (P.O. Box Number is Not Acceptable) DeVito & Colen
 7243 Bryan Dairy Rd.
City Largo **FL** **Zip Code** 33777

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  **Gerald R. Colen** **3-2-01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sidney Colen 5758 54th Ave. North St. Petersburg, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Sidney Colen 2291 World Parkway Blvd. West Clearwater, FL 33763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ina A. Colen 5758 54th Ave. North St. Petersburg, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Ina A. Colen 2291 World Parkway Blvd. West Clearwater, FL 33763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kenneth D. Colen 5758 54th Ave. North St. Petersburg, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Kenneth D. Colen 8447 S.W. 99th Street Road Ocala, FL 34481 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Adele Pollack 5801 33rd Ave. North St. Petersburg, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Sidney Colen** **03/02/01**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)