

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90011 047 ****61.25

DOCUMENT # 710101

1. Entity Name

CORVILLA, INC.

Principal Place of Business

Mailing Address

2423 CORVILLA DRIVE
 ZEPHYRHILLS FL 33540

2423 CORVILLA DRIVE
 ZEPHYRHILLS FL 33540-3133

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

23-7354613

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

7. Name and Address of New Registered Agent

HOLT, ERSKINE L
2423 CORVILLA DR
ZEPHYRHILLS FL 33540

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:
FEF 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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: <input type="checkbox"/> Delete NAME: D HOLT, RHONDA J STREET ADDRESS: 18810 TWENTY GRAND CITY-ST-ZIP: EAGLE RIVER AK	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Treasure Director Holt, Rhonda J. STREET ADDRESS: SAME CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: TD DEJESUS, JOSE STREET ADDRESS: 2412 CORVILLA DR. CITY-ST-ZIP: ZEPHYRHILLS, FL 00000	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Director Dejesus, Jose STREET ADDRESS: SAME CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: PD HOLT, ERSKINE L STREET ADDRESS: 2423 CORVILLA DR. CITY-ST-ZIP: ZEPHYRHILLS, FL 00000	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: VD HOLT, LUCILLE M STREET ADDRESS: 2423 CORVILLA DR. CITY-ST-ZIP: ZEPHYRHILLS, FL 00000	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: SD HOLT, BEVERLY R. STREET ADDRESS: PO BOX 21582 N/A CITY-ST-ZIP: JUNEAU AK	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: MD DEJESUS, ANGELA STREET ADDRESS: 2412 CORVILLA DR. CITY-ST-ZIP: ZEPHYRHILLS FL	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Director Dejesus, Angela STREET ADDRESS: SAME 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:

Lucille M Holt
LUCILLE M HOLT
 SECRETARY OF STATE

Jan 28, 2000
 Date

813-782-7323
 Daytime Phone #

CR2E037 (9/99)