

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

0031143

DOCUMENT # 718783

1. Entity Name

THE BILLOWS ASSOCIATION, INC.

04-11-2001 90043 046 ****61.25

Principal Place of Business

Mailing Address

% ROBERT WHITEHEAD
 1105 12TH ST
 VERO BEACH FL 32960
 US

% ROBERT WHITEHEAD
 1105 12TH ST
 VERO BEACH FL 32960
 US

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

59-1300505

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

WHITEHEAD, ROBERT
1105 12TH STREET
VERO BEACH FL 32960

Name *Merrill, Karen*
 Street Address (P.O. Box Number is Not Acceptable)

1105 12th Street

City *VERO BEACH* State **FL** Zip Code *32960*

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

Karen L Merrill

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating.)

3/15/01

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** Delete
 NAME **GASSER, ROBERT**
 STREET ADDRESS **1180 REEF RD., UNIT B-4**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE Change Addition
 NAME *D Pennington, Sam*
 STREET ADDRESS *1180 Reef Rd*
 CITY-ST-ZIP *VERO BEACH, FL 32963*

TITLE **SD** Delete
 NAME **KEEGAN, PATRICK**
 STREET ADDRESS **1180 REEF RD B4**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MURPHY, JOHN**
 STREET ADDRESS **1180 REEF ROAD**
 CITY-ST-ZIP **VERO BEACH FL 23963**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GRIMES, NANCY**
 STREET ADDRESS **1180REEF RD B-1**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

MINNEMORE R ROBERT GASSER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/2001 261.234.3733

CR2E037 (10/00)