

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719676

1. Entity Name

EAST BAY OAKS RESIDENTIAL CLUB, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90065 023 ****61.25

Principal Place of Business	Mailing Address
601 STARKEY RD SUITE 271 LARGO FL 33771 US	601 STARKEY RD #238 LARGO FL 33771-2834 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-1784972	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DOWD, GRACE 601 STARKEY RD #271 LARGO FL 33771

7. Name and Address of New Registered Agent
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
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P DOWD, GRACE <input type="checkbox"/> Delete
NAME	601 STARKEY RD #271
STREET ADDRESS	LARGO FL 33771
CITY-ST-ZIP	
TITLE	T BOWMAN, DOROTHY <input checked="" type="checkbox"/> Delete
NAME	601 STARKEY RD #238
STREET ADDRESS	LARGO FL 33771
CITY-ST-ZIP	
TITLE	VD MCLAUGHLIN, JOHN <input type="checkbox"/> Delete
NAME	601 STARKEY RD. #45
STREET ADDRESS	LARGO FL 33771
CITY-ST-ZIP	
TITLE	S NEELEY, PAT <input checked="" type="checkbox"/> Delete
NAME	601 STARKEY RD. #110
STREET ADDRESS	LARGO FL 33771
CITY-ST-ZIP	
TITLE	D STUCKER, WILLIAM <input type="checkbox"/> Delete
NAME	601 STARKEY RD SUTIE 135
STREET ADDRESS	LARGO FL 33771
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENEVA B. WILSON
STREET ADDRESS	601 STARKEY RD. #298
CITY-ST-ZIP	LARGO, FL. 33771
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLYN FRASE
STREET ADDRESS	601 STARKEY RD #287
CITY-ST-ZIP	LARGO, FL. 33771
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>GENEVA B. WILSON</u>	3-7-00	727-532-8385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E037 (9/99)