

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90372 015 \*\*\*\*61.25

**DOCUMENT # 725011**

1. Entity Name  
**CHERRYWOOD GARDENS, INC.**

Principal Place of Business  
**225 S. WESTMONTE  
 #2050  
 ALTAMONTE SPRINGS FL 32714**

Mailing Address  
~~CHERRYWOOD GARDENS, DR  
 P.O. BOX 1606  
 MAITLAND FL 32751~~

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DO NOT WRITE IN THIS SPACE

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

**Altamonte Springs, FL**  
**P.O. Box 161606**  
**Altamonte Springs, FL**  
**32716-1606**  
**USA**

4. FEI Number	Applied For
<b>59-1868912</b>	<input type="checkbox"/>
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	<input type="checkbox"/>

6. Name and Address of Current Registered Agent

**PFAUSER, MARGO**  
**238 N WESTMONET DR**  
**STE 260**  
**ALTAMONTE SPGS FL 32714**

7. Name and Address of New Registered Agent

Name  
**Margo A. Pfauter**

Street Address (P.O. Box Number is Not Acceptable)  
**225 S. Westmonte Drive**

Suite 2050

City  
**Altamonte Springs**      **FL**      Zip Code  
**32714**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>RUPE, ALICE</b> <b>341 CHERRYWOOD GARDENS</b> <b>MAITLAND FL 32751</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>PORTER, ONNIE</b> <b>445 CHERRYWOOD GARDENS</b> <b>WINTER SPRINGS FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRIFFINS, CONNIE</b> <b>336 CHERRYWOOD GARDENS</b> <b>MAITLAND FL 32751</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MULLINS, DOROTHY</b> <b>227 CHERRYWOOD GARDEN</b> <b>MAITLAND FL 32751</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>Larry Alewine</b> <b>218 Cherrywood Gardens Drive</b> <b>Maitland, FL 32751</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>Roger Barrows</b> <b>102 Cherrywood Gardens Drive</b> <b>Maitland, FL 32751</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>Terry Armstrong</b> <b>221 Cherrywood Garden Drive</b> <b>Maitland, FL 32751</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>Joan Galesky</b> <b>109 Cherrywood Gardens Drive</b> <b>Maitland, FL 32751</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Judy Quinton</b> <b>444 Cherrywood Gardens Drive</b> <b>Maitland, FL 32751</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Larry Alewine* **SIGNATURE REQUIRED** **Larry Alewine** **5-8-01** **407-767-8060**

CR2E037 (10/00)