

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90113 029 ****61.25

DOCUMENT # 740100

1. Entity Name

EAST LAKE WOODLANDS CLUSTER HOMES IMPROVEMENT AS

Principal Place of Business

1050A EAST LAKE WOODLANDS PKWY
 OLDSMAR FL 34677
 US

Mailing Address

1050A EAST LAKE WOODLANDS PKWY
 OLDSMAR FL 34677
 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 **59-1769131**

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

SCANNAVINO, DOMINICK
1050A EAST LAKE WOODLANDS PKWY
OLDSMAR FL 34677

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

**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 NAME	TD UPTON, RALPH	<input type="checkbox"/> Delete
STREET ADDRESS	110 SYLVIA PLACE	
CITY-ST-ZIP	OLDSMAR, FL 00000	
TITLE NAME	DS SHEEHY, DONNA	<input type="checkbox"/> Delete
STREET ADDRESS	120 SYLVIA PL	
CITY-ST-ZIP	OLDSMAR FL	
TITLE NAME	DV NOTHMANN, JEAN	<input type="checkbox"/> Delete
STREET ADDRESS	190 INGRID PL	
CITY-ST-ZIP	OLDSMAR FL	
TITLE NAME	PD WALSH, GERRY	<input type="checkbox"/> Delete
STREET ADDRESS	80 SYLVIA PLACE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE NAME	D BLACKBURN, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	150 INGRID PLACE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ralph Upton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-01
Date Daytime Phone #

CR2E037 (10/00)