

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90024 021 ****61.25

DOCUMENT # 744369

1. Entity Name

THE OAK FOREST & WILDWOOD OF COUNTRYSIDE HOMEOWN

Principal Place of Business	Mailing Address
2754 WILDWOOD DRIVE CLEARWATER FL 33761-3237	2754 WILDWOOD DRIVE CLEARWATER FL 33761-3237

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	59-1927371	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLAN, KENNITH W. 2754 WILDWOOD DR. CLEARWATER FL 34621	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: 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
-----------------------------	---	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>DUNN, JAMES</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2801 QUAIL HOLLOW ROAD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CLEARWATER FL 33761</td><td></td></tr></table>	TITLE	P	<input type="checkbox"/> Delete	NAME	DUNN, JAMES		STREET ADDRESS	2801 QUAIL HOLLOW ROAD		CITY-ST-ZIP	CLEARWATER FL 33761		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																							
NAME	DUNN, JAMES																								
STREET ADDRESS	2801 QUAIL HOLLOW ROAD																								
CITY-ST-ZIP	CLEARWATER FL 33761																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>T</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>GUTHMULLER, HELENE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2767 LONGVIEW DRIVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CLEARWATER FL 33761</td><td></td></tr></table>	TITLE	T	<input type="checkbox"/> Delete	NAME	GUTHMULLER, HELENE		STREET ADDRESS	2767 LONGVIEW DRIVE		CITY-ST-ZIP	CLEARWATER FL 33761		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete																							
NAME	GUTHMULLER, HELENE																								
STREET ADDRESS	2767 LONGVIEW DRIVE																								
CITY-ST-ZIP	CLEARWATER FL 33761																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>BLAN, KEN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2754 WILDWOOD DR.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CLEARWATER FL 33761-3237</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	BLAN, KEN		STREET ADDRESS	2754 WILDWOOD DR.		CITY-ST-ZIP	CLEARWATER FL 33761-3237		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	BLAN, KEN																								
STREET ADDRESS	2754 WILDWOOD DR.																								
CITY-ST-ZIP	CLEARWATER FL 33761-3237																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>CUNNINGHAM, ROBERT</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2779 LONGVIEW DRIVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CLEARWATER FL 33761</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	CUNNINGHAM, ROBERT		STREET ADDRESS	2779 LONGVIEW DRIVE		CITY-ST-ZIP	CLEARWATER FL 33761		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	CUNNINGHAM, ROBERT																								
STREET ADDRESS	2779 LONGVIEW DRIVE																								
CITY-ST-ZIP	CLEARWATER FL 33761																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>S</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SCOTT, JOHN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2785 CAPWOOD LANE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CLEARWATER FL 33761</td><td></td></tr></table>	TITLE	S	<input type="checkbox"/> Delete	NAME	SCOTT, JOHN		STREET ADDRESS	2785 CAPWOOD LANE		CITY-ST-ZIP	CLEARWATER FL 33761		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete																							
NAME	SCOTT, JOHN																								
STREET ADDRESS	2785 CAPWOOD LANE																								
CITY-ST-ZIP	CLEARWATER FL 33761																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
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  KENNETH W. BLAU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2/26/01 727 796-4641
Date Daytime Phone #

CR2E037 (10/00)