FILED

200,1 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2001 8:00 am **DOCUMENT # G94963 Secretary of State** FLAMINGO SHORES RESIDENTS, INC. 02-05-2001 90095 013 ***150.00 Principal Place of Business Mailing Address % RONALD L. GLARK % RONALD L. GLARK 4740 CLEVELAND HTS BLVD 4740 CLEVELAND HTS BLVD DAATSSS LAKELAND FL 33813-2187 LAKELAND FL 33813-2187 Principal Place of Busines cay Dorothi DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARK, RONALD L Street Address (P.O. Box Number is Not Acceptable) 4740 CLEVELAND HTS BLVD LAKELAND FL 33813 City 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) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE TITLE Delete MCGRIFFIN, TOM NAME 77 PALM LANE DRIVE STREET ADDRESS STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE: GAY, JIM NAME NAME STREET ADDRESS 65 PALM LANE DRIVE STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP CITY-ST-ZIP Robert Harkins 25 Garden Way TITLE TITLE Delete SCHULTZ, RICHARD A NAME NAME STREET ADDRESS 81 PALM LANE DRIVE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP Change ☐ Delete ☐ Addition TITI F TITLE GAY, DOROTHY NAME NAME 65 PALM LANE DRIVE STREET ADDRESS STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.