

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90109 047 \*\*\*150.00

NOT FOR  
 AN

**DOCUMENT # G94963**

1. Entity Name

**FLAMINGO SHORES RESIDENTS, INC.**

Principal Place of Business

**C/O DOROTHY GAY  
 65 PALM LANE DRIVE  
 WINTER HAVEN FL 33881**

Mailing Address

**C/O DOROTHY GAY  
 65 PALM LANE DRIVE  
 WINTER HAVEN FL 33881**

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ →

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, RONALD L  
 4740 CLEVELAND HTS BLVD  
 LAKELAND FL 33813**

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME **DP** ☒ Delete  
**MCGRIFIN, TOM**  
 STREET ADDRESS **77 PALM LANE DRIVE**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE  
 NAME **President - Jerry Gillis** ☒ Change ☐ Addition  
 STREET ADDRESS **57 Palm Lane Drive**  
 CITY-ST-ZIP **Winter Haven, FL. 33881**

TITLE  
 NAME **T** ☒ Delete  
**GAY, JIM**  
 STREET ADDRESS **65 PALM LANE DRIVE**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE  
 NAME **Vice President - Bob Harkins** ☒ Change ☐ Addition  
 STREET ADDRESS **25 Garden Way**  
 CITY-ST-ZIP **Winter Haven, FL. 33881**

TITLE  
 NAME **VP** ☒ Delete  
**SCHULTZ, RICHARD A**  
 STREET ADDRESS **81 PALM LANE DRIVE**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE  
 NAME **Treasurer - Tom McGriffin** ☒ Change ☐ Addition  
 STREET ADDRESS **77 Palm Lane Drive**  
 CITY-ST-ZIP **Winter Haven, FL. 33881**

TITLE  
 NAME **S** ☐ Delete  
**GAY, DOROTHY**  
 STREET ADDRESS **65 PALM LANE DRIVE**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **Assistant Treasurer - Jim Gay** ☐ Change ☒ Addition  
 STREET ADDRESS **65 Palm Lane Drive**  
 CITY-ST-ZIP **Winter Haven, FL. 33881**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 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.

SIGNATURE:

*Dorothy M. Gay, Secy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/27/02*  
 Date

*863-956-5107*  
 Daytime Phone #

CR2E034 (9/01)