

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J92630**

1. Entity Name

FIVE-STAR DEVELOPERS OF FLORIDA, INC.

Principal Place of Business

316 N CANAL AVE
LAKELAND FL 33801

Mailing Address

316 N CANAL AVE
LAKELAND FL 33801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINNER, ERNEST
316 N CANAL AVE
LAKELAND FL 33801

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	VPD	<input type="checkbox"/> Delete
NAME	WINNER, ERNEST	
STREET ADDRESS	1221 BEDFORD LN.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LARTER, BARBARA G	
STREET ADDRESS	2590 SUNRISE TERR.	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	WINROW, SUSAN L	
STREET ADDRESS	8520 TOM COSTINE RD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WINROW, ANTHONY J	
STREET ADDRESS	8520 TOM COSTINE RD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST C. WINNER 2-16-2001

Date

863-686-2661

Daytime Phone #

FILED**Feb 20, 2001 8:00 am**
Secretary of State

02-20-2001 90038 029 ***150.00

C0022973

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2855666**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required

CR2E034 (10/00)