

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90043 003 \*\*\*\*61.25  
 09-11-2002 90064 048 \*\*\*\*61.25

**DOCUMENT # N01000000145**

1. Entity Name  
**KINGSWOOD CO-OP, INC.**

Principal Place of Business      Mailing Address  
**10109 OAK FOREST DRIVE**      **10109 OAK FOREST DRIVE**  
**RIVERVIEW FL 33569-5927**      **RIVERVIEW FL 33569-5927**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**59-3689819**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BERNSTEIN, DAVID S ESQ.**  
**150 SECOND AVENUE NORTH, 17TH FLOOR**  
**ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

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

**After September 13, 2002,**  
**min. will be \$236.25.**

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                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MITCHELL, RICHARD F<br>10110 KING OAK DRIVE<br>RIVERVIEW FL 33569-5927<br><input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>MANCINI, RICHARD<br>10214 OAK FOREST<br>RIVERVIEW FL 33569-5927<br><input type="checkbox"/> Delete                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MCFALL, DAVID<br>10201 OAK FOREST DRIVE<br>RIVERVIEW FL 33569-5927<br><input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MLODZIK, RICHARD<br>10116 SHADOW OAK CIRCLE<br>RIVERVIEW FL 33569-5927<br><input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>FARMANIAN, ARMEN<br>10214 KING OAK DRIVE<br>RIVERVIEW FL 33569-5927<br><input checked="" type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>HARDY, PATRICIA<br>10141 SHADOW OAK CIRCLE<br>RIVERVIEW FL 33569-5927<br><input type="checkbox"/> Delete             |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VPD<br>DURKIN, Joseph<br>10215 OAK FOREST DR.<br>RIVERVIEW, FL 33569<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>MANCINI, Richard<br>10214 OAK FOREST<br>RIVERVIEW FL 33569-5927<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TREASURER<br>SCHOTT, CLIFFORD<br>10142 SHADOW OAK CIRCLE<br>RIVERVIEW FL 33569<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | ASST. TREASURER<br>White, Richard<br>10915 TALL Oak Circle<br>RIVERVIEW FL 33569<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | BOARD MEMBER<br>LANE, Frances<br>1037 Shadow Oak Circle<br>RIVERVIEW FL 33569<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: \_\_\_\_\_ **9/9/02 813 1712253**

CR2E037 (4/02)