2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002307

Entity Name: FYD TOWN & COUNTRY MUSTANG ASSOCIATION, INC.

FILED May 06, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4011 HUDSON TERRACE TAMPA, FL 33624 **Current Mailing Address: New Mailing Address:** 4011 HUDSON TERRACE TAMPA, FL 33624 FEI Number: 59-3628665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSSI, MIKE ROSSI, MICHAEL A 4011 HUDSON TERRACE 4011 HUDSON TERRACE TAMPA, FL 33624 TAMPA, FL 33624 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: MICHAEL A. ROSSI 05/06/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROSSI, MIKE Name: Name: 4011 HUDSON TERRACE Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: () Delete Title: (X) Change () Addition JONES, TODD A Name: GROVES, FRED Name: Address: 8514 PRINGLE WAY Address: 10105 TALLWOOD CT City-St-Zip: TAMPA, FL 33635 City-St-Zip: TAMPA, FL 33615 Title: () Delete Title: () Change () Addition BRITO, LINDA Name: Name: 5104 PEACHGREEN CT Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: MITCHELL, SONIA Name: MORRISON, CARLA 4747 W WATERS AVE #2003 Address: Address: 6204 N. CENTRAL AVE City-St-Zip: TAMPA, FL 33614 City-St-Zip: TAMPA, FL 33604 Title: () Delete Title: (X) Change () Addition DIAZ, SUSAN KEYSO, MELISSA Name: Name: 6306 AXELROD ROAD 12510 HOLYOKE AVE Address: Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: TAMPA, FL 33624 Title: () Delete Title: (X) Change () Addition KEENE, BUDDY JOYA, BAKER Name: Name: Address: 17313 CARIAGE WAY Address: 13905 CHERRY CREEK DR ODESSA, FL 33556 TAMPA, FL 33618 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ROSSI D 05/06/2002