## FILED Mar 21, 2003 8:00 am

				ORATIO	
UNI	FORM	BUSIN	ESS R	EPORT	(UBR

	JMENT # NO200 es Gate Residen	INC.		Secretary of State 03-21-2003 90076 036 ****61.25			
	DO NOT WRITE	3-Mailing Address					
Suite, Ap		9.0. Box 183  Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
VORT C	CHARLOTTE, FL. Country	Sity & State OK / CHARLE	Country		4. FEI Number 65 - 09159.	<del></del>	Applied For Not Applicable
3310	U Lasa-	13780	415	. H.	5. Certificate of Status Desire	~ ~ F	ee Required
TOP OF SHAPE SHAPE	and the first of the second	en e	Name	7.	Name and Address of Curr	ent Registered	Agent
	DO NOT W	DITE	L Name 4	Slorin	4 A TENFORN	Props	
				ddress (P.0	D. Box Number is Not Accept	(ble) - ,	
	IN THIS SP	ACE	782,	∠ <b></b>	RMINGHAM E	buleva	RD
atata a				05 M	Loplosto	FL	Zip Code
8. The abov	e named entity submits this statement for ations of registered agent.	r the purpose of changing its	registered office o	r registered	agent, or both, in the State of	Florida I am far	miliar with and assent
the obliga	ations of registered agent.					The state of the s	midi with, and accept
SIGNATURE	Gloria A. Tes	steen					
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signat	ure required who	en reinstating)	DATE	
Ja	nuary 1 - May 1 Fee is \$150,00 After May 1, Fee is \$550,00				, , , , , , , , , , , , , , , , , , , ,		
	Amended UBR is \$61.25				<ol> <li>Election Campaign I Trust Fund Contribut</li> </ol>		\$5.00 May Be
Make Check 10.	R Payable to Florida Department of	and about highly as			mast rand Continual	. 1	Added to Fees
TITLE	President	DIRECTORS 2002	The state of the s		Officers AND	Directi	ാര മത്ത്
NAME	Gerald Sitte		TITLE	Presi	dent in	<b>国际</b> 自己的	
STREET ADDRESS	1717 Palace Cour	Ţ	NAME STREET ADDRESS	6 10Y	in A Tedton Dirmingham	A de	
CITY-ST-ZIP	PortcHarlotte FL	33980	CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
TITLE	Vice President		TITLE		Charlotte Fl President	<i>339</i> .	80
NAME	Gloria A Techtoro		NAME	GAR	BENNER _		
STREET ADDRESS CITY-ST-ZIP	1857 Birmingham		STREET ADDRESS	1936	Boddington	Traik	CONTROL PROCESS OF STREET AND STREET
	POTTCHAVIORE, FL	<u> 33980</u>	CHY-ST-ZIP	Port	CHAYCLOTIC FL	3398/	
TITLE NAME	Janice Proffitt		THILE	Trea	surer		
STREET ADDRESS	24,47 Buckingham		NAME	AL T	Bellege Cou	ير الم	10000000000000000000000000000000000000
CITY-ST-ZIP	Port CHAYLONE FL	33981	STREET ADDRESS	5 7	DONOT	WRH	<b>(27</b> )
TITLE	Secretary		<b>河南北京市山村市中央市</b>	Secn	HARVE		
NAME _	MagdA StelzL	-> -1	NAME L	John	CAMAHIS	SPAC	
STREET ADDRESS CITY-ST-ZIP	18/2 Birmingham	•	STREET ADDRESS	24408	Buckingham	WAY	Letter & Della Caraches and
		3398 <i>0</i>	CITY-ST-ZIP	Port C	CHORION FL	33981	)
TITLE NAME	Andy Diedrich,		MLE	Dine	ctore	and a few and the contractions of the contraction o	
STREET ADDRESS	1853 BirminghA	m Blvd	NAME	4 NOU	Biedrich	Rudi	
CITY-ST-ZIP	POYTCHARLOTE F	33980	STREET ADDRESS CITY+ST-ZIP	1353	Birmingham	7 339	80)
TITLE	Director		TITLE I	Dire	TOV.	A フジブ	
NAME	Kurt Muhlberg	urT	NAME	RUIT,	muhlbergn	in Take	
OTTICET ADDRESS			STREET ADDRESS	2431	7 Kintanh Co	ur I	And the state of t
	<del></del>	3980	CITY-ST-ZIP	brt	OHARIOHE T-K	339	80
<ol> <li>I hereby ce indicated c</li> </ol>	ertify that the information supplied with the on this report or supplemental report is tr	his filing does not qualify for th	ne exemption state	d in Section	119.07(3)(i), Florida Statutes.	I further certify	that the information

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information 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 10 or on an

SIGNATURE: Maria

Attachment#

(CONTINUED)

KINGS GATE RESIDENTS GROUP, INC.

3004516H DO20000014

## **OFFICERS AND DIRECTORS 2002**

Joe Flynn, Director 1664 Palace Court Port Charlotte FL 33980-5501

## **OFFICERS & DIRECTORS 2003**

----Phil Pietrzak 1660 Palace Court Port Charlotte FL 33980-5501