

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90047 001 ****61.25

DOCUMENT # N03640	
1. Entity Name DEERPATH UNIT ONE ASSOCIATION, INC.	
Principal Place of Business %JIM NOBLES MANAGEMENT INC 800 TARPON WOODS BLVD. STE F-1 PALM HARBOR FL 34685 US	Mailing Address TARPON WOODS BLVD SUITE F-1 PALM HARBOR FL 34685 US
2. Principal Place of Business 251 WINDWARD PASSAGE	3. Mailing Address 251 WINDWARD PASSAGE
Suite, Apt. #, etc. SUITE F.	Suite, Apt. #, etc. SUITE F
City & State CLEARWATER, FL	City & State CLEARWATER, FL.
Zip 33767	Country USA
Zip 33767	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2426862		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JIM NOBLES MANAGEMENT INC 800 TARPON WOODS BLVD SUITE F-1 PALM HARBOR FL 34685		7. Name and Address of New Registered Agent Name JIM NOBLES MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 251 WINDWARD PASSAGE SUITE F City CLEARWATER FL Zip Code 33767

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 *Sharon O. Gierke, Pres.* DATE **3-9-00**

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

FILE NOW: FEES IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARMODY, BART 110 DEERPATH COURT OLDSMAR FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUSAN WIGLER 50 DEERPATH DR. OLDSMAR, FL. 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCRAHEK, DONNA 70 DEERPATH DR OLDSMAR FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TERRY THOME 85 DEERPATH DR OLDSMAR, FL. 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EPSTEIN, JOEL 40 DEERPATH CT OLDSMAR FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAKER, STEPHEN 45 DEERPATH DRIVE OKDSMAR FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILSDORF, NORM 105 DEERPATH DRIVE OLDSMAR FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACKUS, WILLIAM 80 WOODGLEN CT. OLDSMAR FL 34677	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *William Backus* DATE: **3-16-00** DAYTIME PHONE #: **727-789-4815**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)