

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

0043764

**DOCUMENT # N03640**

1. Entity Name

**DEERPATH UNIT ONE ASSOCIATION, INC.**

03-07-2002 90012 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

251 WINDWARD PASSAGE  
 SUITE F  
 CLEARWATER FL 33767  
 US

251 WINDWARD PASSAGE  
 SUITE F  
 CLEARWATER FL 33767  
 US

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

**59-2426862**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JIM NOBLES MANAGEMENT INC**  
**251 WINDWARD PASSAGE**  
**SUITE F**  
**CLEARWATER FL 33767**

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

**FILE NOW! FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WIGLER, SUSAN</b>	
STREET ADDRESS	<b>50 DEER PATH DR.</b>	
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOME, TERRY</b>	
STREET ADDRESS	<b>85 DEERPATH DR.</b>	
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>BAKER, STEPHEN</b>	
STREET ADDRESS	<b>45 DEERPATH DRIVE</b>	
CITY-ST-ZIP	<b>OKDSMAR FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GILSDORF, NORM</b>	
STREET ADDRESS	<b>105 DEERPATH DRIVE</b>	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>GRABER, FAYE</b>	
STREET ADDRESS	<b>60 WILLOW WOOD LANE</b>	
CITY-ST-ZIP	<b>OLDSMAR FL 34667</b>	
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	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILSDORF, NORMAN</b>	
STREET ADDRESS	<b>105 DEER PATH DR</b>	
CITY-ST-ZIP	<b>OLDSMAR, FL. 34677</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORAWSKI, JENNIFER</b>	
STREET ADDRESS	<b>100 WOODGLEN CT.</b>	
CITY-ST-ZIP	<b>OLDSMAR, FL. 34677</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Norman Gilsdorf*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)