

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90117 032 \*\*\*\*61.25

0090961

**DOCUMENT # N04651**  
 1. Entity Name  
**LOCH LOMOND ESTATES, INC.**

Principal Place of Business 2180 WEST S.R. 434 SUITE 5000 LONGWOOD FL 32779-5044	Mailing Address 2180 WEST S.R. 434 SUITE 5000 LONGWOOD FL 32779-5044
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2624349</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HART, JAMES W JR.**  
**% SENTRY MANAGEMENT INC**  
**2180 WEST STATE ROAD 434, SUITE 5000**  
**LONGWOOD FL 32779**

**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.**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	--	------------------------------------	--

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PUNGI, FRANK</b>	
STREET ADDRESS	<b>500 NEW YORK AVE #11</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRITTAN, RUTH</b>	
STREET ADDRESS	<b>142 JARRET PL</b>	
CITY-ST-ZIP	<b>DUNNVILLE ON N1A5N</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TOWNSEND, GEORGE</b>	
STREET ADDRESS	<b>1504-757 VICTORIA PARK AVE</b>	
CITY-ST-ZIP	<b>TORONTO ON M4C5N</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SULLIVAN, DIANE</b>	
STREET ADDRESS	<b>500 NEW YORK AVENUE UNIT 35</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FRYAR, DOUGLAS</b>	
STREET ADDRESS	<b>500 NEW YORK AVE UNIT 16</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WIRSCHINT, JUDITH</b>	
STREET ADDRESS	<b>500 NEW YORK AVE UNIT 8</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CIDER, ED</b>	
STREET ADDRESS	<b>500 NEW YORK AVE, 10</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CIDER, ED</b>	
STREET ADDRESS	<b>500 NEW YORK AVE, 10</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PORAMBO, SUE</b>	
STREET ADDRESS	<b>500 New York Ave, 1</b>	
CITY-ST-ZIP	<b>Dunedin FL 34698</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CIDER, LOIS</b>	
STREET ADDRESS	<b>500 New York Ave, 10</b>	
CITY-ST-ZIP	<b>Dunedin FL 34698</b>	
TITLE	<b>STD</b>	<input checked="" 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:** *[Signature]* **2/14/01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)