

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90378 016 ****61.25

DOCUMENT # **104924**
 Entity Name
COBB'S LANDING COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
 Rampart Properties, Inc. (SAME)
 10033 9th Street N., 2nd Floor
 St. Petersburg, FL 33716

A0068136

DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FFI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2449838		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Dominick Scannavino 1050A ELW Parkway Oldsmar, FL 34677				Name Brian Smith			
				Street Address (P.O. Box Number is Not Acceptable) Rampart Properties 10033 9th Street N., 2nd FL			
				City St. Petersburg FL Zip Code 33716			

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  **BRIAN K. SMITH, CEO 4-25-01**
 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
P/D Eric Rose <input type="checkbox"/> Delete 10033 9th Street N., 2nd FL St. Petersburg, FL 33716	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VP/D Chip Booth <input type="checkbox"/> Delete 10033 9th Street N., 2nd FL St. Petersburg, FL 33716	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
S/TD Richard Walker <input type="checkbox"/> Delete 10033 9th Street N., 2nd FL St. Petersburg, FL 33716	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP-2007 (11/00)