

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90378 017 ****61.25

DOCUMENT # **NO4927**

Entity Name **The SANCTUARY AT COBB'S LANDING HomeOwners' Assc**

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

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FFI Number **59-2449837** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Dominick Scannavino
 1050-A ELW Parkway
 Oldsmar, FL 34677

7. Name and Address of New Registered Agent
 Name **Brian Smith**
 Street Address (P.O. Box Number is Not Acceptable)
Rampart Properties, Inc.
10033 9th Street N., 2nd Floor
 City **St. Petersburg** FL Zip Code **33716**

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 **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 reissuing) 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	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Chip Booth <input type="checkbox"/> Delete 10033 9th Street N., 2nd FL St. Petersburg, FL 33716
TITLE S/D NAME STREET ADDRESS CITY-ST-ZIP	Cindy McCabe <input type="checkbox"/> Delete 10033 9th Street N., 2nd FL St. Petersburg, FL 33716
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Jim Adrian <input type="checkbox"/> Delete Jim Olson 10033 9th Street N., 2nd FL St. Petersburg, FL 33716
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Meme Hieneman <input type="checkbox"/> Delete 10033 9th Street N., 2nd FL St. Petersburg, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(b), 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]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2001 (1/00)