

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

04-06-2001 90017 029 ****61.25

DOCUMENT # N09291

1. Entity Name

WINTERSET ASSOCIATION NUMBER ONE, INC.

Principal Place of Business

Mailing Address

**6400 CYPRESS GARDENS BLVD.
WINTER HAVEN FL 33884****6400 CYPRESS GARDENS BLVD.
WINTER HAVEN FL 33884****45160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2585004

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**BRUBAKER, JOHN
1122 SHORE LIE LANE
WINTER HAVEN FL 33884**

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 **D P D** ☐ Delete
 NAME **BRUBAKER, JOHN**
 STREET ADDRESS **1122 SHORELINE LANE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CONVERSE, GWEN**
 STREET ADDRESS **1250 LAKE HAMILTON DRIVE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P S D** ☐ Delete
 NAME **PRICE, R. GARY**
 STREET ADDRESS **1326 N LK OTIS DR.**
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S P D** ☐ Delete
 NAME **SMITH, SCOTT**
 STREET ADDRESS **408 LAUREL COVE WAY SE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

4/3/01**863-325-8834**