

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90005 034 ****61.25

DOCUMENT # N12161

1. Entity Name

OLD HYDE PARK VILLAGE MARKETING FUND, INC.

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 1507 W SWANN AVE TAMPA FL 33606 US | P. O. BOX 3244 TAMPA FL 33601-3244 US |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| 748 S. Village Circle | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Tampa, FL | |
| Zip | Country |
| 33606 | USA |

| | |
|----------------------------------|--------------------------------|
| 4. FEI Number | Applied For |
| 59-2606333 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |

6. Name and Address of Current Registered Agent

WESTERHOUSE, PATRICIA D
748 VILLAGE CIRCLE
TAMPA FL 33606

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)

| | | | |
|-----------------------------|---|--------------------------------|--|
| 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 |
|-----------------------------|---|--------------------------------|--|

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WESTERHOUSE, PATRICIA D. | |
| STREET ADDRESS | 748 S. VILLAGE CIRCLE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | ESTREM, CRAIG | |
| STREET ADDRESS | 11100 WAYZATA BLVD., SUITE 601 | |
| CITY-ST-ZIP | MINNETONKA MN 55305 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SANDLER, JESSICA B | |
| STREET ADDRESS | 748 S. VILLAGE CIRCLE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MITCH, LOUIS C | |
| STREET ADDRESS | 7 WEST SEVENTH ST. | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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: *Patricia D. Westerhouse* 4-12-01 813-251-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/00)