

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90227 014 ****75.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14528

1. Entity Name

FOUNTAINVIEW ESTATES FRIENDSHIP COUNCIL, INC.

Principal Place of Business

Mailing Address

FOUNTAINVIEW ESTATE
 6800 SHELDON RD
 TAMPA FL 33635

FOUNTAINVIEW ESTATE
 6800 SHELDON RD
 TAMPA FL 33635
 US

2. Principal Place of Business

3. Mailing Address

8800 Sheldon Rd.
 Suite, Apt. #, etc.
 TAMPA FL
 City & State

Suite, Apt. #, etc.
 City & State

Zip 33635

Country Hills Bough

Zip TAMPA

Country FL

4. FEI Number 06-0197900

Applied For
 Not Applicable

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

ALWINE, RITA F
 9128 BLAIRMOR RD
 TAMPA FL 33635

Retired

Name **JACK C GAY**
 Street Address (P.O. Box Number is Not Acceptable)
9016 NATILUS DRIVE
 City **TAMPA FL FL** Zip Code **33635**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jack C Gay*

(NOTE: Registered Agent signature required when reinstating)

18 July 2002

After September 13, 2002,
 min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	FC DONEGAN, SHIRLEY 8821 GUNNINGDALE TAMPA FL 33635	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, FRANK 9132 MCMILLAN LANE TAMPA FL 33635	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIATEK, TED 8807 WELLINGTON DR TAMPA FL 33635	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILLMAN, ROBERT 8812 TORREY RD. TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILLMAN, SANNA 8812 TORREY RD. TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA ALWINE, RITA F 9128 BLAIRMOR RD TAMPA FL 33635	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Baller</i> IRENE SWYDER Irene Snyder 9717 - Belshire TAMPA FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Elizabeth Gay</i> 9016 Natilus Dr TAMPA FL 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Betty Begliano</i> BETTY CAGLIANO 8807 Wellington	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ted Peatch</i> 8807 Wellington TAMPA FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mae LESMERIES</i> 8814 Watchtower TAMPA FL 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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)(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 *Jack C Gay*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 18 July 2002
 Daytime Phone # _____

CR2E037 (4/02)