

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90388 043 ****61.25

DOCUMENT # N17363



1. Entity Name
EASTERN INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION, INC.

22000058



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**780 A APEX RD
1734 APEX ROAD
SARASOTA FL 34240
US**

Mailing Address
**C/O BILL KLEIBER
780 A APEX RD
SARASOTA FL 34240
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number **59-2753946** 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

**KLEIBER, WILLIAM A
1734 APEX ROAD
SARASOTA FL 34240**

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

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. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	MCINTYRE, JOHN	
STREET ADDRESS	1626 BARBER ROAD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	BM	<input type="checkbox"/> Delete
NAME	JOHANNING, TOM	
STREET ADDRESS	1735 APEX RD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLIFFORD, STONE	
STREET ADDRESS	6260 COLAN PLACE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHLABACH, LARRY	
STREET ADDRESS	1600 BARBER RD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	STD	<input type="checkbox"/> Delete
NAME	EISS, DENNIS	
STREET ADDRESS	1965 BARBER RD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	TOM JOHANNING	<input type="checkbox"/> Delete
NAME	TOM JOHANNING	
STREET ADDRESS	6254 COLAN PLACE	
CITY-ST-ZIP	SARASOTA FL 34240	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Martinelli (Director)	
STREET ADDRESS	1599 Apex Rd	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM JACKSON	
STREET ADDRESS	6254 COLAN PLACE	
CITY-ST-ZIP	SARASOTA, FL 34240	
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: _____ **SIGNATURE REQUIRED**

1-20-03

CR2E037 (10/02)