2001 UNIFORM BUSINESS REPORT (UBR)

Aug 24, 2001 8:00 am Secretary of State **DOCUMENT # N24415** 1. Entity Name 08-24-2001 90042 043 ****61.25 MACGREGOR ROAD AT "THE BEND". INC. Principal Place of Business Mailing Address 1975 MACGREGOR RD 1975 MACGREGOR RD TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State__ City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 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) YOUNG, RICHARD C 1975 MACGREGOR RD **TARPON SPRINGS FL 34689** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE 🕱 Delete TITLE ☐ Addition NAME LIPSEY, LES THOMAS FLANAGAN NAME 1975 MACGREGOR RD STREET ADDRESS STREET ADDRESS 1976 MACGREGOR RUAD CITY-ST-7IP TARPON SPRINGS FL CITY-ST-7IP TARPON SPRINGS, FL 34689 TITLE Delete TITLE Change 2 ☐ Addition NAME FLANNAGAN, DEBBIE DEBBIE FLANAGAN NAMÉ 1976 FLANNAGAN STREET ADDRESS STREET ADDRESS 1976 MACGREGUR RD CITY-ST-ZIP **TARPON SPRINGS FL 34689** CITY-ST-ZIP TARION SPRINGS FL 3469 TITLE 😾 Delete Change ☐ Addition RICHALO C. YOUNG MACGREGOR, DUNCAN S NAME NAME STREET ADDRESS 1988 MACGREGOR RD 1975 MACGREGON LO STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL CITY-ST-ZIP TARPON SPRINGS. FL 34697 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

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