

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90099 030 \*\*\*\*61.25

**DOCUMENT # N26485**

1. Entity Name

**AMERICAN WAY ESTATES MOBILE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

ATTORNEYS-AT-LAW  
P.O. BOX 1689  
ST. PETERSBURG FL 33731-1689  
US

730 14TH ST NW  
#36  
LARGO FL 33770  
US

2. Principal Place of Business

3. Mailing Address  
**730 14th ST. NW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**LARGO, FL**

Zip

Country

Zip  
**33770**

Country

**PINELLAS**

4. FEI Number

**NOT APPLICABLE**

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

**MALLER, ESQ. K**  
**ONE PROGRESS PLAZA, BARNETT TOWER STE 1210**  
**P. O. BOX 1689**  
**ST PETERSBURG FL 33731**

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

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**

☒ 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 **P** ☐ Delete  
NAME **RILEY, CAROL**  
STREET ADDRESS **730 14TH ST NW #35**  
CITY-ST-ZIP **LARGO FL 33770**

TITLE **P.** ☒ Change ☐ Addition  
NAME **LORNE C. ROLPH**  
STREET ADDRESS **730 14th ST. NW #36**  
CITY-ST-ZIP **LARGO FL 33770**

TITLE **VP** ☐ Delete  
NAME **ROLPH, LORNE**  
STREET ADDRESS **730 14TH ST NW #36**  
CITY-ST-ZIP **LARGO FL 33770**

TITLE **V.P.** ☒ Change ☐ Addition  
NAME **CONNIE SEXTON**  
STREET ADDRESS **730 14th ST. NW #34**  
CITY-ST-ZIP **LARGO FL 33770**

TITLE **S** ☐ Delete  
NAME **WARE, PAULA JEAN**  
STREET ADDRESS **730 14TH ST NW 36**  
CITY-ST-ZIP **LARGO FL**

TITLE **SE.** ☐ Change ☐ Addition  
NAME **PAULA J. WARE**  
STREET ADDRESS **730 14th ST. NW #36**  
CITY-ST-ZIP **LARGO FL 33770**

TITLE **TR** ☐ Delete  
NAME **WARE, PAULA JEAN**  
STREET ADDRESS **LOT 36, 730-14TH ST NW**  
CITY-ST-ZIP **LARGO FL**

TITLE **TR.** ☐ Change ☐ Addition  
NAME **PAULA J. WARE**  
STREET ADDRESS **730 14th ST. NW #36**  
CITY-ST-ZIP **LARGO FL 33770**

TITLE **D.** ☐ Delete  
NAME **SEXTON, CONNIE**  
STREET ADDRESS **730 14TH ST NW #34**  
CITY-ST-ZIP **LARGO FL 33770**

TITLE **DR.** ☒ Change ☐ Addition  
NAME **PEGGY MARTIN**  
STREET ADDRESS **730 14th ST. NW #38**  
CITY-ST-ZIP **LARGO FL 33770**

TITLE **D.** ☐ Delete  
NAME **WENZEL, RICHARD**  
STREET ADDRESS **730 14TH ST NW #16**  
CITY-ST-ZIP **LARGO FL 33770**

TITLE **DIR** ☐ Change ☐ Addition  
NAME **RICHARD WENZEL**  
STREET ADDRESS **730 14th ST. NW #16**  
CITY-ST-ZIP **LARGO FL 33770**

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: **PAULA J. WARE** **RECEIVED** **Ware** **4/15/02** **727-585-4991**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daytime Phone #

CR2E037 (9/01)