

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90005 024 ****61.25

DOCUMENT # *N 39322*

1. Entity Name

Ellenton Commercial Subdivision Association, Inc.

Principal Place of Business

Mailing Address

*c/o Blake Whisenant
 19725 Hwy 62
 Parrish, FL 34219*

Same

2. Principal Place of Business

3. Mailing Address

*c/o Blake Whisenant
 Suite, Apt. #, etc.
 19725 Hwy 62*

Same

City & State

City & State

Parrish, FL

Same

Zip

Country

Zip

Country

34219

US

34219

US

4. FEI Number

650336810

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

*Blake Whisenant
 19725 Hwy 62
 Parrish, FL 34219*

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 resigning)

DATE

FILE NOW:
FEE IS \$61.25

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

*PO
 Zukerman, Haim M
 6520 Powbs Ferry Rd Suite 300
 Atlanta, GA 30339*

☐ Delete

*VD
 McAuliffe, Richard
 11004 Peach Point Ct.
 Bradenton, FL 3409*

☐ Delete

*STD
 Whisenant, Blake
 19725 Hwy 62
 Parrish, FL 34219*

☐ Delete

*TD
 Bowen, Anthony
 4020 69th St E
 Palmetto, FL 34221*

☐ Delete

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 Bowen, Anthony
 4020 69th St E
 Palmetto, FL 34221*

☐ Delete

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☐ Delete

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:

Anthony Bowen

4/24/01

941 722 0388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/00)