

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90074 045 ****61.25

DOCUMENT # N39322

1. Entity Name

ELLENTON COMMERCIAL SUBDIVISION ASSOCIATION, INC

Principal Place of Business

Mailing Address

**C/O BLAKE WHISENANT
 19725 HWY 62
 PARRISH FL 34219
 US**

**C/O BLAKE WHISENANT
 19725 HWY 62
 PARRISH FL 34219
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0336810

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

7. Name and Address of New Registered Agent

**WHISENANT, BLAKE
 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 reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZUKERMAN, HAIM M.	
STREET ADDRESS	6520 POWERS FERRY RD., SUITE 300	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCAULIFFE, RICHARD	
STREET ADDRESS	11004 PEACH POINT CT	
CITY-ST-ZIP	BRADENTON FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WHISENANT, BLAKE	
STREET ADDRESS	19762 HWY. 62	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWEN, ANTHONY	
STREET ADDRESS	4020 69TH ST. EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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)(l), 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: Blake Whisenant **REBUILT** Whisenant 1/8/02 941-723-2911
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)