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## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 13, 2001 8:00 am DOCUMENT # N44321 Secretary of State 02-13-2001 90063 044 \*\*\*\*61.25 ENGLEWOOD EXECUTIVE NETWORK, INC. Principal Place of Business Mailing Address SUNTRUST ATTN: DAWN PRESSLY STEFANO'S FAMILY RESTAURANT 401 S INDIANA AVE 298 S INDIANA AVE ENGLEWOOD FL 34223 ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address above Jame as above <u>Same as</u> Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME Street Address (P.O. Box Number is Not Acceptable) DAWN PRESSLY % SUNTRUST 298 S INDIANA AVE **ENGLEWOOD FL 34223** Zip Code City F١ 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. 2/8/01 SIGNATURE PRESSE DAWN 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ✓ Delete Change Addition TITLE TITLE Dave Campo NAME HANEWINCKEL, DEAN NAME 455 5 Indiana Ave. STREET ADDRESS STREET ADDRESS 2800 PLACIDA RD CITY-ST-ZIP CITY-ST-ZIP Englewood, F1 34223 ENGLEWOOD FL 34224 ۷P ☐ Change TITLE Addition □ Delete TITLE NAME WILSON, GEORGE NAME Same STREET ADDRESS STREET ADDRESS 450 W. DEARBORN ST CITY\_ST-ZIP\_ CITY-ST-ZIP -ENGLEWOOD FL-34224 TITLE Delete TITLE ☐ Change ☐ Addition Wayne Flatt 51 Bay Heights W. NAME CAMPO, DAVE NAME STREET ADDRESS STREET ADDRESS 455 S. INDIANA AVE CITY-ST-ZIP CITY-ST-ZIP Englewood, F1 34223 ENGLEWOOD FL 34223 TITLE ☐ Delete TITLE □ Change ☐ Addition DAWN PRESSLY Same NAME NAME STREET ADDRESS STREET ADDRESS 298 S INDIANA AVE CITY-ST-ZIP CITY-ST-7IP ENGLEWOOD FL 34223 TITHE Delete TITLE ☐ Change ☐ Addition Same NAME GRIMSHAW, MARGO NAME STREET ADDRESS STREET ADDRESS 3401 S. SUMTER BLVD CITY-ST-ZIP CITY-ST-ZIP NORTH PORT FL 34287 TITLE Delete TITLE Jesse Read Change ☐ Addition **ELLIOT. SUZANNE** NAME NAME 180 Broadmoor STREET ADDRESS 1722 SHELL DR. STREET ADDRESS Rotonda, Fl 33947 CITY-ST-7IP CITY-ST-ZIP ENGLEWOOD FL 34224 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

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SIGNATURE: