

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90188 002 \*\*\*\*61.25

**DOCUMENT #** N92000000911 (9)

1. Entity Name

STONEBRIAR IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business Mailing Address **Same**  
 1050A East Lake Woodlands Parkway  
 Oldsmar, FL 34677

2. Principal Place of Business  
 1050A ELW Parkway

3. Mailing Address  
 1050A ELW Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Oldsmar, FL

City & State  
 Oldsmar, FL

4. FEI Number  
 31-1210827

Applied For  
 Not Applicable

Zip Country  
 34677

Zip Country  
 34677

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**

Scannavino, Dominick  
 1050A East Lake Woodlands Parkway  
 Oldsmar, FL 34677

Name **Scannavino, Dominick**  
 Street Address (P.O. Box Number is Not Acceptable)  
 1050A East Lake Woodlands Pkwy  
 City **Oldsmar** **FL** Zip Code **34677**

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 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          | <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"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| 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 checked="" type="checkbox"/> Addition |
| NAME           | <b>P</b><br>Sewell, Tom  |
| STREET ADDRESS | 4745 Stoneview Circle  |
| CITY-ST-ZIP    | Oldsmar, FL 34677  |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>VP</b><br>Koithan, Jim  |
| STREET ADDRESS | 4768 Stoneview Circle  |
| CITY-ST-ZIP    | Oldsmar, FL 34677  |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>S</b><br>Briscoe, Tanya   |
| STREET ADDRESS | 4746 Stoneview Circle  |
| CITY-ST-ZIP    | Oldsmar, FL 34677  |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>T</b><br>Wiley, Tim   |
| STREET ADDRESS | 4767 Stoneview Circle  |
| CITY-ST-ZIP    | Oldsmar, FL 34677  |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>D</b><br>Schendt, Doug  |
| STREET ADDRESS | 4769 Stoneview Circle  |
| CITY-ST-ZIP    | Oldsmar, FL 34677  |
| 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)(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: *Thomas L. Sewell* Thomas L. Sewell - Pres. 4/20/00 727-285-0598  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)