

UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90309 015 ****61.25

DOCUMENT # N92000000911

1. Entity Name
STONE BRIAR IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business Mailing Address
251 WINDWARD PASSAGE SUITE F CLEARWATER, FL 33767

C0029936

2. Principal Place of Business
251 WINDWARD PASSAGE SUITE F CLEARWATER, FL 33767

3. Mailing Address
251 WINDWARD PASSAGE SUITE F CLEARWATER, FL 33767

2001 UBR

Suite, Apt. #, etc. City & State
SUITE F CLEARWATER, FL

4. FEI Number Applied For
593207258 Not Applicable

Zip Country
33767 PINELLAS

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SCANNAVINO, DOMINICK
 1050A EAST LAKE WOODLANDS PKWY
 OLDSMAR, FL 34677**

7. Name and Address of New Registered Agent
 Name **SHERON NICHOLS**
 Street Address (P.O. Box Number is Not Acceptable) **251 WINDWARD PASSAGE SUITE F**
 City **CLEARWATER** FL Zip Code **33767**

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 **Sheron Nichols SHERON NICHOLS**
 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARON, RICHARD <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHENDT, JULIE <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILEY, TIMOTHY <input type="checkbox"/> Delete 4767 STONEVIEW CIR OLDSMAR, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOSEPH, MELISSA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KDITHAN, JENNY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS SEWELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4745 STONEVIEW CIR OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUSANNE PAPA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4750 STONEBRIAR DR OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD J.C. TERRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4731 STONEVIEW CIR OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRI AMEND <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4746 STONEVIEW CIR OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Timothy Wiley Timothy Wiley** 1/4/01 727-464-4732
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #
TREASURER