

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90035 003 \*\*\*\*61.25

**DOCUMENT # N92000000911**

1. Entity Name

**STONEBRIAR IMPROVEMENT ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

251 WINDWARD PASSAGE  
 STE F  
 CLEARWATER FL 33767

251 WINDWARD PASSAGE  
 STE F  
 CLEARWATER FL 33767  
 US

57



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3207258**

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

**NICHOLS, SHERON**  
**251 WINDWARD PASSAGE**  
**STE F**  
**CLEARWATER FL 33767**

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  
 NAME: SEWELL, THOMAS  
 STREET ADDRESS: 4745 STONEVIEW CIR.  
 CITY-ST-ZIP: OLDSMAR FL 34677

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: VD  
 NAME: PAPA, SUSANNE  
 STREET ADDRESS: 4750 STONEBRIAR DRIVE  
 CITY-ST-ZIP: OLDSMAR FL 34677

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: TD  
 NAME: WILEY, TIMOTHY  
 STREET ADDRESS: 4767 STONEVIEW CIR  
 CITY-ST-ZIP: OLDSMAR FL 34667

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: SD  
 NAME: TERRY, J C  
 STREET ADDRESS: 4731 STONEVIEW CIR  
 CITY-ST-ZIP: OLDSMAR FL 34677

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: D  
 NAME: AMENO, TERRI  
 STREET ADDRESS: 4746 STONEVIEW CIR  
 CITY-ST-ZIP: OLDSMAR FL 34677

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  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:

*Sharon Nichols Sec.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)