

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90447 024 ****70.00

DOCUMENT # N94000005208

1. Entity Name
301 PARK OF COMMERCE OWNERS' ASSOCIATION, INC.

Principal Place of Business

**6804 37TH AVE E
 ELLENTON FL 34222**

Mailing Address

**6312 US HWY 301 N
 #396
 ELLENTON FL 34222**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0592767

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~DESENBERG, TREY
 8466 N. LOCKWOOD RIDGE RD., #300
 SARASOTA FL 34243~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6312 US Hwy 301 N. Pms 396

City

ELLENTON

FL

Zip Code

34222

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

Trey Desenberg, President

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	PD	<input type="checkbox"/> Delete
NAME	DESENBERG, TREY	
STREET ADDRESS	8466 N. LOCKWOOD RIDGE RD., #300	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LACOMTE, ADELA	
STREET ADDRESS	8466 N. LOCKWOOD RIDGE RD., #999	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	TD	<input type="checkbox"/> Delete
NAME	APPLE, JERRY	
STREET ADDRESS	8466 N. LOCKWOOD RIDGE RD., #999	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMPSON, STEPHEN W	
STREET ADDRESS	1205 MANATEE AVE. WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6312 US Hwy 301 N. Pms 396	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6312 US Hwy 301 N. Pms 396	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6312 US Hwy 301 N. Pms 396	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6312 US Hwy 301 N. Pms 396	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A/23/02

Date

Daytime Phone #

CR20037 (9/01)