

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-10-2001 90111 025 ****61.25

DOCUMENT # N96000005878

1. Entity Name

GREATER ROTONDA ORGANIZATION, INC.

Principal Place of Business

4005 CAPE HAZE DR
 ROTONDA WEST FL 33947
 US

Mailing Address

4005 CAPE HAZE DR
 ROTONDA WEST FL
 US

2. Principal Place of Business

ROTONDA WEST

Suite, Apt. #, etc.

3. Mailing Address

244 MARK TWAIN LANE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ROTONDA WEST, FL.

Zip
33947

Country
USA

City & State

ROTONDA WEST, FL.

Zip
33947

Country
USA

4. FEI Number

59-2768554

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, W. KEVIN
18501 MURDOCK CIRCLE
SIXTH FLOOR
PORT CHARLOTTE FL FL

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|------|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | D WARNER, FRED D 125 BUNKER ROAD ROTONDA WEST FL 33947 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | D COY, WILLARD A 244 MARK TWAIN LANE ROTONDA WEST FL 33947 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input checked="" type="checkbox"/> Delete | D RILEY, BARB 3754 CAPE HAZE DRIVE ROTONDA WEST FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | LEACH, KEN D 288 BUNNOROUS LANE ROTONDA, WEST FL 33947 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <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: _____

WILLARD A. COY DMD. 7/5/01 941-697-6208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)