

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90031 014 ****61.25

DOCUMENT # N97000006744

1. Entity Name

THE PRESERVE OF LITTLE GASPARILLA PHASE II PROPE

Principal Place of Business

Mailing Address

705 E WASHINGTON ST
 BLOOMINGTON IL 61701
 US

705 E WASHINGTON ST
 BLOOMINGTON IL 61701
 US

115781



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

NOT APPLICABLE

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

TRACY, DENNIS J
229 PENSACOLA
VENICE FL 34285

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 NAME Delete
 SD
 MIRZA, CANDACE
 STREET ADDRESS 1707 W LAKE AVE
 CITY - ST - ZIP WILMETTE IL 60091

TITLE NAME Change Addition
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME Delete
 DP
 MIRZA, JEROME
 STREET ADDRESS 705 E WASHINGTON ST
 CITY - ST - ZIP BLOOMINGTON IL 61701

TITLE NAME Change Addition
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME Delete
 T
 MIRZA, JEROME
 STREET ADDRESS 705 E. WASHINGTON STREET
 CITY - ST - ZIP BLOOMINGTON IL 61701

TITLE NAME Change Addition
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME Delete
 D
 TRACY, DENNIS J
 STREET ADDRESS 229 PENSACOLA ROAD
 CITY - ST - ZIP VENICE FL 34285

TITLE NAME Change Addition
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME Change Addition
 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)(l), 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 *Jerome Mirza* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE 2-4-01 DATE
 309 827-891 DAYTIME PHONE #

CR2E037 (10/00)