

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90084 014 ****61.25

DOCUMENT # N97000006744

1. Entity Name

**THE PRESERVE OF LITTLE GASPARILLA PHASE II PROPE
 RTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**705 E WASHINGTON ST
 BLOOMINGTON IL 61701
 US**

**705 E WASHINGTON ST
 BLOOMINGTON IL 61701
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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	SD	<input type="checkbox"/> Delete
NAME	MIRZA, CANDACE	
STREET ADDRESS	1707 W LAKE AVE	
CITY-ST-ZIP	WILMETTE IL 60091	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MIRZA, JEROME	
STREET ADDRESS	705 E WASHINGTON ST	
CITY-ST-ZIP	BLOOMINGTON IL 61701	
TITLE	T	<input type="checkbox"/> Delete
NAME	MIRZA, JEROME	
STREET ADDRESS	705 E. WASHINGTON STREET	
CITY-ST-ZIP	BLOOMINGTON IL 61701	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRACY, DENNIS J	
STREET ADDRESS	229 PENSACOLA ROAD	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

4-17-02
 Date

Daytime Phone #

CR2E037 (9/01)