

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90479 024 \*\*\*\*61.25

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**DOCUMENT # N97000006744**

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



Principal Place of Business  
**705 E WASHINGTON ST  
BLOOMINGTON IL 61701  
US**

Mailing Address  
**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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Change  Addition  
TITLE  
NAME  
STREET ADDRESS **1707 LAKE AVE**  
CITY-ST-ZIP

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

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~SD~~  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
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: JEROME MIRZA **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MIRZA, PRESIDENT 2-25-03**

CR2E037 (10/02)