

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000873

1. Entity Name

VIZCAYA LAKES OWNERS COMMITTEE, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90164 005 ****70.00

Principal Place of Business

Mailing Address

3623 ROSSMERE ROAD
 PORT CHARLOTTE FL 33953

BOX # 27251
 EL JOBEAN FL 33927-7251



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~3687 Stockton Road~~
 Suite, Apt. #, etc.

~~Box #27251~~
 Suite, Apt. #, etc.

City & State

City & State

~~Port Charlotte~~
 Zip Country
 33953 Charlotte

~~El Jobean, Fl. 33927-7251~~
 Zip Country
 33927-7251 Charlotte

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

LEVIN AND TANNENBAUM, P.A.
 1680 FRUITVILLE
 SUITE 102
 SARASOTA FL 34236

Name

Levin, Tannenbaum & Wolff, P.A.

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

1680 Fruitville Road, Suite 102

Sarasota, Fl.

City

FL

Zip Code

34236

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 PD Delete
 NAME THOMPSON, CHARLES
 STREET ADDRESS 3623 ROSSMERE ROAD
 CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE PD Change Addition
 NAME Osborne, Robert
 STREET ADDRESS 3687 Stockton Road
 CITY-ST-ZIP Port Charlotte, Fl. 33953

TITLE V Delete
 NAME BROOKS, CARL
 STREET ADDRESS 14308 WEEKSONIA AVE
 CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE V Change Addition
 NAME Esposito, Frank
 STREET ADDRESS 3688 Stockton Road
 CITY-ST-ZIP Port Charlotte, Fl. 33953

TITLE S Delete
 NAME HUTCHESON, MARGARET
 STREET ADDRESS 3683 STOCKTON ROAD
 CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE S Change Addition
 NAME Miller, Margaret
 STREET ADDRESS 3570 Rossmere Road
 CITY-ST-ZIP Port Charlotte, Fl. 33953

TITLE T Delete
 NAME PETERSEN, BETTY
 STREET ADDRESS 14378 WEEKSONIA AVE
 CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE T Change Addition
 NAME Morris, Catherine
 STREET ADDRESS 3540 Rossmere Road
 CITY-ST-ZIP Port Charlotte, Fl. 33953

TITLE D Delete
 NAME CUNNINGHAM, WILLIAM
 STREET ADDRESS 14378 WEEKSONIA AVE
 CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE D Change Addition
 NAME Seright, Victor
 STREET ADDRESS 4053 Railroad Ave.
 CITY-ST-ZIP Port Charlotte, Fl. 33953

TITLE D Delete
 NAME ELLIOTT, DEREK
 STREET ADDRESS 14338 WEEKSONIA AVE
 CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE D Change Addition
 NAME Davis, Durwood
 STREET ADDRESS 3630 Rossmere Road
 CITY-ST-ZIP Port Charlotte, Fl. 33953

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: Margaret Miller *Margaret Miller*

3-29-00

941-613-2970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)