2000	UNIFORM BUSI	NESS REPO	RT (UB	R)					
DOCUMENT # N 9800000 2435 1. Entity Name									
KINGS MANOR TENANTS ASSOC					FILED 00 MAR -9 PM 3:48				
Principal Place of Business Mailing Address									
1399 SO, BELCHER RD.					SECRETARY OF STATE FALLAHASSEE, FLORIDA				
hARGO, FL 33711						violet M	HASSEE, FEU	KIDA	
2. Principal P	lace of Business	3. Mailing Address 215 hake 2040							
Suite, Apt. #, etc.		Co THOMAS E. FOUGHT			DO NOT WRITE IN THIS SPACE				
City & State		CLEARWATER I-L.		L.		FEI Number Applied For Not Applicable			
Zip	Country	33764	DOUNTRY LA	15_	5. Certificate of S	tatus Desired	<b>\$8.75</b> Ad Fee Require	ditional	
	6. Name and Address of Current R	egistered Agent	- No.	7	7. Name and Add	dress of New Regi	stered Agent		
THON	IAS E FOUGHT			Name					
215	LAKE ROAD	Street Address (			P.O. Box Number is Not Acceptable)				
	RWATER, FL	33764		-93/21/0001093009					
CLRM	,200111112	,	City			***** <u>\</u>	1. 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70.00	
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									
10.	FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu  CLORS  CLORS  TOTAL  T	· -	Added	May Be to Fees	Depa	theck Payable to the transmitted the transmitted to the transmitted transmitted the transmitted transmitted the transmitted transmitted the transmitted transmitted transmitted transmitted transmitted transmitted transmitted transmitted the transmitted transm		
TITLE	OFFICENS AND BING	Delete	TITLE	Φ.	•••	···.	5 Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	CAT 1399	HERINE   S.BELC RGO FL	MORIA HER RI	# 205		
TITLE		<b>⊠</b> Delete	TITLE	VP			<b>◯</b> Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	·		NAME STREET ADDRESS CITY-ST-ZIP	134	ANNE B 19 S. BE 19 S. FL	33711 33711	S # 246		
TITLE		<b>₹</b> Delete	TITLE	-		***=	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-S1-ZIP	139	TARA PA 9 50. BE FILCO, F	LCHER +	± 307 1		
TITLE		₩ Delete	TITLE	5			<b>☑</b> Change	☐ Addition	
NAME STREET ADDRESS		NAME CON		COL	LEEN E	ELLS ELCHER +	= 299		
CITY-ST-ZIP			CITY-ST-ZIP	LA	1240, FL	- 3371	· 		
TITLE		⊠ Delete	TITLE	ס	V 50 00	2000	<b>⊠</b> Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	RE		LCHER	#181		
CITY-ST-ZIP			CITY-ST-ZIP	LA	ARGO FO	- 3371			
TITLE		☐Delete TITLE		[P]	ing Cou	UARD	Change	Addition	
NAME STREET ADDRESS			NAME Street Address	13	94 50 B	ELCHER	#135	SP	
CITY-ST-ZIP			CITY-ST-ZIP	LAP	1260 FL	33711	<u>-</u>		
12. I hereby of indicated	ertify that the information supplied with t on this report or supplemental report is t	his filing does not qualify for rue and accurate and that m	the exemption sta y signature shall h	ated in Sec	ction 119.07(3)(i), Fl ame legal effect as	orida Statutes. I fur if made under oath	ther certify that the i that I am an officer	nformation or director	

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.

[Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the chapter 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 the chapter of the corporation or the receiver of 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 the chapter 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 the chapter of the corporation or the receiver of 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 the chapter of the corporation or the corporation