

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

0063773

**DOCUMENT # N98000002435**

1. Entity Name

**KINGS MANOR TENANTS ASSOCIATION, INC.**

04-06-2001 90028 003 \*\*\*\*70.00

Principal Place of Business 1399 SO. BELCHER ROAD LARGO FL 33771	Mailing Address % THOMAS E. FOUGHT 215 LAKE ROAD CLEARWATER FL 33764
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**D0032198**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1399 So. Belcher Road Suite, Apt. #, etc. Largo FL City & State Largo FL Zip 33771 Country USA	3. Mailing Address % Larry L. Sells 1399 S. Belcher Rd., 7A Suite, Apt. #, etc. Largo FL City & State Largo FL Zip 33771 Country USA
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4. FEI Number 46-8360749	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FOUGHT, THOMAS E**  
**215 LAKE ROAD**  
**CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name **Sells, Larry L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1399 S. Belcher Rd., 7A**  
**Largo FL**  
 City **Largo** FL Zip Code **33771**

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 Sells, Larry L. Larry L. Sells 4-3-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORATEY, CATHERINE	
STREET ADDRESS	1399 SO BELCHER RD., 205	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BARTH, JOANNE	
STREET ADDRESS	1399 SO BELCHER RD., 246	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PARSCO, TAMARA	
STREET ADDRESS	1399 SO BELCHER RD 307	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EELS, COLLEEN	
STREET ADDRESS	1399 SO BELCHER RD 299	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARDOV, ED REV	
STREET ADDRESS	1399 SO BELCHER RD 181	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COWARD, LINDA	
STREET ADDRESS	1399 SO BELCHER RD 135	
CITY-ST-ZIP	LARGO FL 33771	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sells, Larry L.	
STREET ADDRESS	1399 S. Belcher Rd., 7A	
CITY-ST-ZIP	Largo FL	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, WILLIAM	
STREET ADDRESS	1399 S. Belcher Rd., 19	
CITY-ST-ZIP	Largo FL 33771	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPOLI, NOREEN	
STREET ADDRESS	1399 S. Belcher Rd., 106	
CITY-ST-ZIP	Largo FL 33771	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEROD, SUSAN	
STREET ADDRESS	1399 S. Belcher Rd., 334	
CITY-ST-ZIP	Largo, FL 33771	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGrath Ozelive	
STREET ADDRESS	1399 S. Belcher Rd., 189	
CITY-ST-ZIP	Largo FL 33771	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sells, Kathy A.	
STREET ADDRESS	1399 S. Belcher Rd., 7A	
CITY-ST-ZIP	Largo FL 33771	

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: Sells, Larry L. Larry L. Sells 4-3-01 727-4583713  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)