

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90101 050 \*\*\*\*61.25

**DOCUMENT # N98000005687**

1. Entity Name

**WALLACE COUNTRY INDUSTRIAL PARK ASSOCIATION, INC**

Principal Place of Business

**5680 JASON LEE PLACE  
 SARASOTA FL 34233**

Mailing Address

**5680 JASON LEE PLACE  
 SARASOTA FL 34233**

2. Principal Place of Business

**5654 JASON LEE PLACE**

3. Mailing Address

**5654 JASON LEE PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

City & State

**SARASOTA FL**

Zip

**34233**

Country

**SARASOTA**

Zip

**34233**

Country

**SARASOTA**

4. FEI Number

**65-0889241**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DRAKE, J. KEVIN**

**1343 MAIN STREET, SUITE 204  
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name  
**J. Kevin Drake**

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

**1432 First Street**

City

**Sarasota**

**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

**5/1/01**

**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

TITLE **PD** ☐ Delete  
 NAME **WALLACE, EARL E**  
 STREET ADDRESS **5680 JASON LEE PLACE**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **VPD** ☐ Delete  
 NAME **WALLACE, NAOMI A**  
 STREET ADDRESS **5680 JASON LEE PLACE**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **TSD** ☐ Delete  
 NAME **ROBERTS, DONNA DIANE**  
 STREET ADDRESS **5680 JASON LEE PLACE**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition  
 NAME **WALLACE, EARL E**  
 STREET ADDRESS **5654 JASON LEE PLACE**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **VPD** ☐ Change ☐ Addition  
 NAME **WALLACE, NAOMI A**  
 STREET ADDRESS **5654 JASON LEE PLACE**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **TSD** ☐ Change ☐ Addition  
 NAME **ROBERTS, DONNA DIANE**  
 STREET ADDRESS **5654 JASON LEE PLACE**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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**

**DONNA DIANE 4/30/01**

**(941) 924-4921**

CR2E037 (10/00)