

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90490 017 \*\*\*\*61.25

**DOCUMENT # N99000001476**

1. Entity Name

**EAST LAKE 20/20, INC.**



Principal Place of Business

**3974 TAMPA ROAD  
SUITE A  
OLDSMAR FL 34677**

Mailing Address

**PO BOX 1063  
OLDSMAR FL 34677**

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

*n/a*

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KUTCHINS, BRYAN A  
3974 TAMPA ROAD  
SUITE A  
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

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

*Bryan A Kutchins*

*1-7-03*

Signature, type 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

TITLE	<b>D PRES.</b>	<input type="checkbox"/> Delete
NAME	<b>FLYNN, DON</b>	
STREET ADDRESS	<b>4349 WORTHINGTON CIRCLE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KUTCHINS, BRYAN A</b>	
STREET ADDRESS	<b>3974 TAMPA ROAD</b>	
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DOOLEY, DANA</b>	
STREET ADDRESS	<b>2225 TONIWOOD LANE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	
TITLE	<b>D PAUL FERRELL SEC.</b>	<input type="checkbox"/> Delete
NAME	<b>3985 CAPITOL DRIVE</b>	
STREET ADDRESS	<b>PALM HARBOR, FL 34685</b>	
CITY-ST-ZIP		
TITLE	<b>D WILLIAM C HARDY PRES.</b>	<input type="checkbox"/> Delete
NAME	<b>4548 JUNIPER DRIVE</b>	
STREET ADDRESS	<b>PALM HARBOR, FL 34685</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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 President 1-7-03 8138554643*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR