

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**  
 03-29-2001 90028 033 \*\*\*150.00

0429236

**DOCUMENT # P00000092629**

1. Entity Name  
**GLYNWOOD CORPORATION**

Principal Place of Business Mailing Address  
**1045 PRESTWICK PLACE 1045 PRESTWICK PLACE**  
**DUNEDIN FL 34698 DUNEDIN FL 34698**

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

**59-3675517**

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

**MENDEL, RAY W**  
**1045 PRESTWICK PLACE**  
**DUNEDIN FL 34698**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME MENDEL, RAY W  
 STREET ADDRESS 1045 PRESTWICK PLACE  
 CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE STD  
 NAME MENDEL, JO ELLEN  
 STREET ADDRESS 1045 PRESTWICK PLACE  
 CITY-ST-ZIP DUNEDIN FL 34698 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE Y.P. TREAS. DIRECTOR  
 NAME JOHN P. CIAMPINI  
 STREET ADDRESS 708 EL DORADO AVE  
 CITY-ST-ZIP CLEARWATER, FL 33767 ☐ Change ☒ Addition

TITLE SEC. DIRECTOR  
 NAME JAMES M. ERWIN  
 STREET ADDRESS 635 N. BAYSHORE DR  
 CITY-ST-ZIP SAFETY HARBOR, FL 34695 ☐ Change ☒ Addition

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ray W. Mendel* **RAY W. MENDEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/29/01 (727) 738-6130**

CR2E034 (10/00)