

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
 03-01-2001 90028 042 ***150.00

DOCUMENT # P98000062129

1. Entity Name
SAFETY HARBOR DEVELOPMENT ASSOCIATES, INC.

Principal Place of Business 105 HIGHWAY-TO-BAY BLVD SAFETY HARBOR FL 34695	Mailing Address 105 HIGHWAY-TO-BAY BLVD SAFETY HARBOR FL 34695
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2. Principal Place of Business 241 W. ALLENTON RD Suite, Apt. #, etc.	3. Mailing Address 241 W. ALLENTON RD Suite, Apt. #, etc.
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City & State N. KINGSTOWN R.I.	City & State N. KINGSTOWN R.I.
Zip 02852	Zip 02852
Country US	Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3527446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THELA, DONALD A 105 HIGHWAY-TO-BAY BLVD SAFETY HARBOR FL 34695	7. Name and Address of New Registered Agent Name R. FREEMAN ESQ CARLTON FIELDS Street Address (P.O. Box Number is Not Acceptable) ONE HARBOR PL 777 S. HARBOR ISLAND BLVD. City TAMPA FL 33602
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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 **DONALD A THELA PRES.** 2/23/01
 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THELA, DONALD A		NAME		
STREET ADDRESS	105 HIGHWAY-TO-BAY BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: **DONALD A THELA PRES.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)