

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90002 010 \*\*\*\*61.25

**DOCUMENT # 727694**

1. Entity Name  
**ECONFINA ESTATES PARK, INC.**

Principal Place of Business      Mailing Address  
**7237 ECONFINA ESTATES**      **7237 ECONFINA ESTATES**  
**YOUNGSTOWN FL 32466**      **YOUNGSTOWN FL 32466**

C0031138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1764992</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable.
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SANDERS, SANDY</b> <b>7237 ECONTINA ESTATES PARK RD</b> <b>YOUNGSTOWN FL 32466</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACKWELL, J. WHILDON</b>	NAME	
STREET ADDRESS	<b>P.O. BOX 520 N/A</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL 32402</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, SANDY</b>	NAME	
STREET ADDRESS	<b>7237 ECONTINA ESTATES PARK RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>YOUNGSTOWN FL 32466</b>	CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, RICHARD</b>	NAME	
STREET ADDRESS	<b>7260 ECONTINA ESTATES RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>YOUNGSTOWN FL 32466</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, CHARLES</b>	NAME	
STREET ADDRESS	<b>7237 ECONFINA ESTATES RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>YOUNGSTOWN FL 32466</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KERR, JOHN</b>	NAME	
STREET ADDRESS	<b>7224 ECONFINA ESTATES RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>YOUNGSTOWN FL 32466</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, GARY</b>	NAME	
STREET ADDRESS	<b>7285 ECONFINA ESTATES RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>YOUNGSTOWN FL 32466</b>	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.

850/872-7595

SIGNATURE: *Sandy Sanders* **Sandy Sanders, Secretary/Treasurer**      03/02/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)