

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90136 025 ****61.25

DOCUMENT # 744369

1. Entity Name

THE OAK FOREST & WILDWOOD OF COUNTRYSIDE HOMEOWN

Principal Place of Business

Mailing Address

2754 WILDWOOD DRIVE
 CLEARWATER FL 34621

2754 WILDWOOD DRIVE
 CLEARWATER FL 33761-3237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1927371

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip

Country

33761-3237

Zip

Country

33761-3237

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAN, KENNITH W.
2754 WILDWOOD DR.
CLEARWATER FL 34621

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

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 Delete
 NAME **DUNN, JAMES**
 STREET ADDRESS **2801 QUAIL HOLLOW ROAD**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T GUTHMULLER, HELENE**
 STREET ADDRESS **2767 LONGVIEW DRIVE**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BLAN, KEN**
 STREET ADDRESS **2754 WILDWOOD DR.**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33761-3237**

TITLE Delete
 NAME **D CUNNINGHAM, ROBERT**
 STREET ADDRESS **2779 LONGVIEW DRIVE**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33761**

TITLE Delete
 NAME **S SCOTT, JOHN**
 STREET ADDRESS **2785 CAPWOOD LANE**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33761**

TITLE Delete
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 April 00 Director

Date

Daytime Phone #

CR2E037 (9/99)