

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90169 012 \*\*\*150.00

**DOCUMENT # 325426**

1. Entity Name  
**SEMINOLE GARDENS APARTMENT NO 17-F, INC.**

Principal Place of Business		Mailing Address	
8330 112TH ST. N. SEMINOLE FL 33772 US		8330 112TH ST. N. SEMINOLE FLA 33772-4207 US	
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 **59-1235140**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>CASTLES, ROBERT G</b> <b>8330 112TH ST N</b> <b>SEMINOLE FL 33772</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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, 2000 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	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLONEY, KEVIN</b>	NAME	
STREET ADDRESS	<b>8330 112 ST N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL 33772</b>	CITY-ST-ZIP	
TITLE	ASAT <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OJA, ARNOLD</b>	NAME	<b>Eleanor Geesey</b>
STREET ADDRESS	<b>8330 112 ST N</b>	STREET ADDRESS	<b>8330 112th St. N.</b>
CITY-ST-ZIP	<b>SEMINOLE, FL 00000</b>	CITY-ST-ZIP	<b>Seminole, FL 33772</b>
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOCZ, ALEX</b>	NAME	
STREET ADDRESS	<b>8330 112 ST N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE, FL 00000</b>	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REESE, DOROTHY</b>	NAME	
STREET ADDRESS	<b>8330 112 ST N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE, FL 00000</b>	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZUMSTEG, MARJORIE</b>	NAME	
STREET ADDRESS	<b>8330 112 ST N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE, FL 00000</b>	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)(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: Dorothy H. Reese Dorothy H. Reese 2-21-00 727/393-7502  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)