

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90028 001 ***183.75

DOCUMENT # 709264

1. Entity Name

TOWN APARTMENTS, INC. NO. 4, A CONDOMINIUM

Principal Place of Business

1900 61ST AVE N
 ST PETERSBURG FL 33714

Mailing Address

1900 61ST AVE N
 ST PETERSBURG FL 33714-1528

1 300064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2875646

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BORRELLI, JOSEPH
5940 21ST ST NO
ST PETERSBURG FL 33714

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 **D**
 STREET ADDRESS **D'ALESSANDRO, PHILEP**
 CITY-ST-ZIP **5940 21 ST N**
ST. PETE. FL 33714

TITLE ☐ Change ☒ Addition
 NAME **D BORRELLI, JOSEPH**
 STREET ADDRESS **5940 21 ST NO**
 CITY-ST-ZIP **ST PETERSBURG, FL 33714**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **JOHNSON, ELMER**
 CITY-ST-ZIP **5940 21ST ST N**
ST PETERSBURG FL 33714

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCINNIS, GERALD**
 CITY-ST-ZIP **5940 21 ST. NO.**
ST. PETE. FL 33714

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MATHENY, LORAIN**
 CITY-ST-ZIP **5940 21 ST N**
ST PETERSBURG, FL 00000

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

TITLE ☐ Delete
 NAME **SEC**
 STREET ADDRESS **SANTOS, ANTONE**
 CITY-ST-ZIP **5940 21 ST NORTH**
ST PETERSBURG, FL 00000

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **DUNN, JAMES**
 CITY-ST-ZIP **5940 21 ST. NO.**
ST. PETE. FL 33714

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18/00

CR2E037 (9/93)