

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715032

1. Entity Name

TAMPA PRESBYTERIAN VILLAGE, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90020 024 ****61.25

Principal Place of Business

Mailing Address

721 GREEN ST
TAMPA FL 33607
US

1051 2ND AVENUE NORTH
ST PETERSBURG FL 33705-1563

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

59-1537268

Applied For

Not Applicable

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

AHRENHOLZ, THOMAS
1051 2ND AVENUE NORTH
ST PETERSBURG FL 33705

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 ASD ☐ Delete
NAME DAVIES, IDRIS
STREET ADDRESS 2084 MASSACHUSETTS AVE NE
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE VD ☒ Delete
NAME MONTWID, RON
STREET ADDRESS 2414 COVENTRY AVE
CITY-ST-ZIP LAKE LAND FL 33803

TITLE ☐ Change ☒ Addition
NAME *Andreasen, Robert*
STREET ADDRESS *4441 Blue Sage Court*
CITY-ST-ZIP *Bonita Springs FL 33923*

TITLE P ☐ Delete
NAME ZABLE, ELIZABETH A.
STREET ADDRESS 5620 HALFMOON LK. RD.
CITY-ST-ZIP TAMPA FL

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

TITLE SD ☐ Delete
NAME MILLER, LAURA
STREET ADDRESS 390 WASHINGTON CT.
CITY-ST-ZIP FT. MYERS BEACH FL

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

TITLE VP ☐ Delete
NAME ALBERTS, HENK
STREET ADDRESS 10911 CARROLLWOOD DR
CITY-ST-ZIP TAMPA FL

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

TITLE TD ☐ Delete
NAME ROLLESTONE, JIM
STREET ADDRESS 5315 BOW LINE BEND
CITY-ST-ZIP NEW PORT RICHEY FL

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

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:

Elizabeth A. Zable WIRE Elizabeth A. Zable

813-960-7835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)