

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/2

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90023 049 \*\*\*\*61.25

**DOCUMENT # 716998**

1. Entity Name

**MAINLANDS OF TAMARAC BY THE GULF, UNIT NO. THREE**

Principal Place of Business

Mailing Address

10161 49TH STREET  
 #L  
 PINELLAS PARK FL 33782

10161 49TH STREET  
 #L  
 PINELLAS PARK FL 33782-3436



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

59-2261498

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

FLORIDA CENTRAL MANAGEMENT  
 10161 49TH ST N  
 PINELLAS PARK FL 34688

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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VP KOPERNIK, BLANCHE 10035 39TH WAY PINELLAS PARK FL 33782	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
P D BREEDEN, LES 10041 40 STREET PINELLAS PARK FL 33782	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
T JACOB, EARL 3817 - 101ST. TER. PINELLAS PARK FL 33782	<input checked="" type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
S D FIELD, BARBARA 10033 37TH WAY PINELLAS PARK FL 33782	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
D FINN, FRANCIS 3950 MAINLANDSA BOULEVARD PINELLAS PARK FL 33782	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
D PHILLIPS, BUD 9840 39TH STREET PINELLAS PARK FL 33782	<input checked="" type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Change <input type="checkbox"/> Addition Dale Reed 9840 39 Street N Pinellas Park, FL 33782

CR2E037 (9/99)

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 of Bud Phillips*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

Date

541-0196

Daytime Phone #