

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90418 042 ****61.25

DOCUMENT # 716998

1. Entity Name

MAINLANDS OF TAMARAC BY THE GULF, UNIT NO. THREE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10161 49TH STREET
 #L
 PINELLAS PARK FL 33782

10161 49TH STREET
 #L
 PINELLAS PARK FL 33782

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

59-2261498

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

**FLORIDA CENTRAL MANAGEMENT
 10161 49TH ST N
 PINELLAS PARK FL 34666**

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: **VPD KURDYS, GENE**
 STREET ADDRESS: **3720 101 AV N**
 CITY-ST-ZIP: **PINELLAS PARK FL 33782**

TITLE: Change Addition
 NAME: **PD BREEDEN, LESTER**
 STREET ADDRESS: **10041 40th STREET N.**
 CITY-ST-ZIP: **PINELLAS PARK, FL 33782**

TITLE: Delete
 NAME: **D CAMPBELL, EDWIN**
 STREET ADDRESS: **10042 40 ST N**
 CITY-ST-ZIP: **PINELLAS PARK FL 33782**

TITLE: Change Addition
 NAME: **PD BREEDEN, LESTER**
 STREET ADDRESS: **10041 40th STREET N.**
 CITY-ST-ZIP: **PINELLAS PARK, FL 33782**

TITLE: Delete
 NAME: **TD JACOB, EARL**
 STREET ADDRESS: **3721 97 TR N**
 CITY-ST-ZIP: **PINELLAS PARK FL 33782**

TITLE: Change Addition
 NAME: **TD JACOB, EARL**
 STREET ADDRESS: **3721 97 TR N**
 CITY-ST-ZIP: **PINELLAS PARK FL 33782**

TITLE: Delete
 NAME: **SD SICARD, PAUL**
 STREET ADDRESS: **4015 MAINLAND BV N**
 CITY-ST-ZIP: **PINELLAS PARK FL 33782**

TITLE: Change Addition
 NAME: **SD SICARD, PAUL**
 STREET ADDRESS: **4015 MAINLAND BV N**
 CITY-ST-ZIP: **PINELLAS PARK FL 33782**

TITLE: Delete
 NAME: **D FINN, FRANCIS**
 STREET ADDRESS: **3950 MAINLANDSA BOULEVARD**
 CITY-ST-ZIP: **PINELLAS PARK FL 33782**

TITLE: Change Addition
 NAME: **D COLE, SCOTT**
 STREET ADDRESS: **4057 MAINLANDS BLVD.**
 CITY-ST-ZIP: **PINELLAS PARK FL 33782**

TITLE: Delete
 NAME: **D KOPERNIK, BLANCHE**
 STREET ADDRESS: **10035 39 WAY N**
 CITY-ST-ZIP: **PINELLAS PARK FL 33782**

TITLE: Change Addition
 NAME: **D PERRY, LEO**
 STREET ADDRESS: **3816 97th AVE. N.**
 CITY-ST-ZIP: **PINELLAS PARK, FL 33782**

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 REQUIRED **LESTER BREEDEN** 04-04-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)