

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90508 021 ****61.25

DOCUMENT # 718337

1. Entity Name

SEVILLE CONDOMINIUM 2, INC.

Principal Place of Business

1001 PEARCE DRIVE
 SUITE 111
 CLEARWATER FL 33764
 US

Mailing Address

7850 ULMERTON RD
 SUITE 1
 LARGO FL 33771
 US

0 0 2 0 0 9



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

59-1728259

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

**HOLIDAY ISLES PROPERTY MGMT
 7850 ULMERTON RD SUITE 1
 LARGO FL 33771**

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 NAME	PDTD BECKETT, CLIVE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1001 PEARCE DR., #201	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE NAME	DS GIRTON, WILLENA	<input type="checkbox"/> Delete
STREET ADDRESS	1001 PEARCE DR	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE NAME	VPD SOWARDS, GUY	<input type="checkbox"/> Delete
STREET ADDRESS	1598 S KEENE RD	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD Dennis Moriarty	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1001 Pearce Drive #203	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE NAME	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD Dorothy French	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1001 Pearce Drive #103	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE NAME	D Milo French	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1001 Pearce Drive #103	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

[Signature] Dennis Moriarty
 2/28/01 727-530-4517
 Date Daytime Phone #

CR2E037 (10/00)