

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90070 014 \*\*\*\*61.25

**DOCUMENT # 718337**

1. Entity Name

**SEVILLE CONDOMINIUM 2, INC.**

Principal Place of Business

Mailing Address

**101 PEARCE DRIVE  
 SUITE 111  
 CLEARWATER FL 33764**

**7850 ULMERTON RD  
 SUITE 1  
 LARGO FL 33771  
 US**



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 **TD**  Delete  
 NAME **GIRTON, WILLENA**  
 STREET ADDRESS **1001 PEARCE DR**  
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **PD**  Change  Addition  
 NAME **Beckett, Clive**  
 STREET ADDRESS **1001 Pearce Dr. #201**  
 CITY-ST-ZIP **Clearwater, FL 33764**

TITLE **VPD**  Delete  
 NAME **SOWARDS, GUY**  
 STREET ADDRESS **1598 S KEENE RD**  
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **SD**  Change  Addition  
 NAME **Matthews, Joan**  
 STREET ADDRESS **1001 Pearce Dr. #206**  
 CITY-ST-ZIP **Clearwater, FL 33764**

TITLE **PD**  Delete  
 NAME **MORIATY, DENNIS**  
 STREET ADDRESS **1001 PEARCE DRIVE # 203**  
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **D**  Change  Addition  
 NAME **Schoderback, Walter**  
 STREET ADDRESS **1001 Pearce Dr. #109**  
 CITY-ST-ZIP **Clearwater, FL 33764**

TITLE **SD**  Delete  
 NAME **FRENCH, DOROTHY**  
 STREET ADDRESS **1001 PEARCE DRIVE # 103**  
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **FRENCH, MILO**  
 STREET ADDRESS **1001 PEARCE DRIVE # 103**  
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*

**CLIVE BECKETT**

**02/06/02**

Date

**727 515 3606**

Daytime Phone #

CR2E037 (9/01)