

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90096 039 *****61.25

0062467

DOCUMENT # 718589

1. Entity Name

GATEWAY SQUARE NO.6 ASSOCIATION, INC.

Principal Place of Business

RAMPART PROPERTIES, INC.
10033 9TH ST. N. 2ND FLOOR
ST PETERSBURG FL 33716
US

Mailing Address

RAMPART PROPERTIES, INC.
10033 9TH ST. N. 2ND FLOOR
ST PETERSBURG FL 33716
US

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

59-1379910

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

OSBURN, BILLY K.
10033 9TH ST. N
SECOND FLOOR
ST PETERSBURG FL 33716

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 **P** ☐ Delete
 NAME **ROFFAN, ROBERT**
 STREET ADDRESS **10033 NINTH ST. N., 2ND FL**
 CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE **P/D** ☒ Change ☐ Addition
 NAME **President**
 STREET ADDRESS **Miriam Thompson**
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME
 STREET ADDRESS **10033 NINTH ST. N., 2ND FL**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE **VP/D** ☒ Change ☐ Addition
 NAME **Vice President**
 STREET ADDRESS **Alfred Hill**
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **HUFF, FRANCES**
 STREET ADDRESS **10033 NINTH ST. N., 2ND FL**
 CITY-ST-ZIP **ST PETERSBURG FL 33716**

☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **FITZGERALD, JERRY**
 STREET ADDRESS **10033 NINTH ST. N., 2ND FL**
 CITY-ST-ZIP **ST PETERSBURG FL 33716**

☐ Change ☐ Addition

TITLE **T** ☐ Delete
 NAME **REINHART, MARGARET**
 STREET ADDRESS **10033 NINTH ST. N., 2ND FL**
 CITY-ST-ZIP **ST PETERSBURG FL 33716**

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)