

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90049 001 ***183.75

DOCUMENT # 719827

1. Entity Name

TYRONE VILLAS, INC., NO. 6, A CONDOMINIUM

Principal Place of Business

Mailing Address

7839-38TH PLACE NO.
 ST PETERSBURG FL 33709

7839-38TH PLACE NO.
 ST PETERSBURG FL 33709-4227

I 300051



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

59-1962238

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

POWER, VINCENT L.
7839 38TH PL NO
ST. PETERSBURG FL 33709

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 **D WARREN, HAZEL**
 STREET ADDRESS **7757 39TH TERRACE, N.**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD BENWARE, EUGENE**
 STREET ADDRESS **7786 39TH TERRACE NO.**
 CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD RIGGS, AGNES**
 STREET ADDRESS **7758 39TH PLACE NORTH**
 CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE Change Addition
 NAME **VP NELSON WALKER**
 STREET ADDRESS **7714 39th TERRACE No**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33709**

TITLE Delete
 NAME **VP BEDELL, AGNES**
 STREET ADDRESS **7716 39TH PLACE N.**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE Change Addition
 NAME **S AGNES BEDELL**
 STREET ADDRESS **7716 39th Pl.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33709**

TITLE Delete
 NAME **D TERRA, ALICE**
 STREET ADDRESS **7787 39TH TERR NO**
 CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T POWER, VINCENT**
 STREET ADDRESS **7807 38TH PL NO**
 CITY-ST-ZIP **ST PETERSBURG FL**

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: *Vincent L. Power* Vincent L. Power

2-1-00

727-381-2074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)