

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 719827**

1. Entity Name

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

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90115 001 ***122.50

22293

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1962238**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **WARREN, HAZEL**
STREET ADDRESS **7757 39TH TERRACE, N.**
CITY-ST-ZIP **ST. PETERSBURG FL**TITLE **PD** ☐ Delete
NAME **BENWARE, EUGENE**
STREET ADDRESS **7786 39TH TERRACE NO.**
CITY-ST-ZIP **ST PETERSBURG, FL 00000**TITLE **V** ☐ Delete
NAME **WALKER, NELSON**
STREET ADDRESS **7714 39TH TERR NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**TITLE **S** ☐ Delete
NAME **BEDELL, AGNES**
STREET ADDRESS **7716 39TH PLACE N.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**TITLE **D** ☐ Delete
NAME **TERRA, ALICE**
STREET ADDRESS **7787 39TH TERR NO**
CITY-ST-ZIP **ST PETERSBURG, FL 00000**TITLE **T** ☐ Delete
NAME **POWER, VINCENT**
STREET ADDRESS **7807 38TH PL NO**
CITY-ST-ZIP **ST PETERSBURG FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Date

Daytime Phone #

0061785

CR2E037 (10/00)