

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90001 004 ****61.25

DOCUMENT # 719908

1. Entity Name

SEVILLE CONDOMINIUM #4, INC.

Principal Place of Business

Mailing Address

**1012 PEARCE DR
 CLEARWATER FL 33764**

**1012 PEARCE DR
 CLEARWATER FL 33764**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1733235

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

**DORNBLASER, RICHARD
 1012 PEARCE DR
 APT 207
 CLEARWATER FL 33764**

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 **STEWART, THEODORE**
 STREET ADDRESS **1012 PEARCE DRIVE, APT 106**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **TD** Change Addition
 NAME **ANDENORD, Joyce C.**
 STREET ADDRESS **1012 PEARCE DR, # 109**
 CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **D** Delete
 NAME **BLAKELEY, ERNEST**
 STREET ADDRESS **1012 PEARCE DR APT 202**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **V.D.** Change Addition
 NAME **JOBE, Kenneth**
 STREET ADDRESS **1012 PEARCE DR, # 111**
 CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **VD** Delete
 NAME **HENDERSON, MIRIAM**
 STREET ADDRESS **1012 PEARCE DRIVE APT 310**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **SD** Change Addition
 NAME **LOVE, LAURIE**
 STREET ADDRESS **1012 PEARCE DR, # 206**
 CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **DS** Delete
 NAME **AGRES, BARBARA D**
 STREET ADDRESS **1012 PEARCE DRIVE APT 306**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **PD** Delete
 NAME **DORNBLASER, RICHARD**
 STREET ADDRESS **1012 PEARCE DR APT 207**
 CITY-ST-ZIP **CLEARWATER FL 33764-1113**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED* **Richard E. DORNBLASER 1/3/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone (727) 796-1144

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE