

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90011 032 \*\*\*\*61.25

**DOCUMENT # 720910**

1. Entity Name  
**TAMPA VILLAS SOUTH, INC.**

Principal Place of Business: **3802 EHRlich ROAD. STE. 106 TAMPA FL 33624**

Mailing Address: **P.O. BOX 271269 TAMPA FL 33688**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address: **P.O. BOX 130577**

Suite, Apt. #, etc.

City & State: **TAMPA FLORIDA**

Zip: **33608** Country: **USA**

4. FEI Number: **59-1489614**

Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LABARBERA, MICHAEL D**  
**1907 W KENNEDY BLVD**  
**TAMPA FL 33606**

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:

(NOTE: Registered Agent signature required when reinstating)

DATE: **4/25/01**

**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	VP	<input type="checkbox"/> Delete
NAME	<b>HENRIQUES, AL</b>	
STREET ADDRESS	<b>4203 LA SORRENTO COURT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SOLOSKY, JAMES</b>	
STREET ADDRESS	<b>4227 LA SORRENTO CT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>PLACERES, VIRGINIA</b>	
STREET ADDRESS	<b>4528 LA CARMEN CT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>BAYA, ROSALIE</b>	
STREET ADDRESS	<b>4524 LA CAPRI CT.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>LAMM, TAMMY</b>	
STREET ADDRESS	<b>4213 LA SORRENTO CT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>BENDER, RUTH</b>	
STREET ADDRESS	<b>4308 LA MORA COURT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rob Placeres</b>	
STREET ADDRESS	<b>4528 La Carmen Ct</b>	
CITY-ST-ZIP	<b>Tampa, FL 33611</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Santa Cruz, Susana</b>	
STREET ADDRESS	<b>4210 La Dega Ct</b>	
CITY-ST-ZIP	<b>Tampa FL 33611</b>	

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: **VIRGINIA PLACERES**

Date: **4/25/01**

Daytime Phone #: **813-294-4589**

CR2E037 (10/00)