

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724505

1. Entity Name

SEVILLE CONDOMINIUM 12, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90091 010 ****61.25

Principal Place of Business 2699 SEVILLE BLVD #703 CLEARWATER FL 34624-1151	Mailing Address 2699 SEVILLE BLVD #703 CLEARWATER FL 33764-1151
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2351724	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, ARNOLD G
2699 SEVILLE BLVD #703
CLEARWATER FL 34624

7. Name and Address of New Registered Agent

Name **BERNARD J. LECHNER, ATTY**
 Street Address (P.O. Box Number is Not Acceptable)
2115 RANGE RD.
 City **CLEARWATER, FL** Zip Code **33765**

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 **Bernard J. Lechner** DATE **1-14-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	CHEMA, ZENA
STREET ADDRESS	2699 SEVILLE BLVD 409
CITY-ST-ZIP	CLEARWATER FL 33764
TITLE	MDT <input type="checkbox"/> Delete
NAME	CONLEY, GERALD B
STREET ADDRESS	2699 SEVILLE BLVD #310
CITY-ST-ZIP	CLEARWATER FL
TITLE	DP <input type="checkbox"/> Delete
NAME	GREENE, CHARLES H.
STREET ADDRESS	137 E FRANKLIN BLVD., P.O. BOX 1353
CITY-ST-ZIP	GASTONIA NC
TITLE	D <input type="checkbox"/> Delete
NAME	LUSCHER, DALE B.
STREET ADDRESS	2699 SEVILLE BLVD. #809
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LYNCH, KAREN
STREET ADDRESS	2699 SEVILLE BLVD 102
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	DT <input checked="" 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	DSV <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, CLARETTA
STREET ADDRESS	4141 BAYSHORE BLVD - APT 1603
CITY-ST-ZIP	TAMPA, FL 33611-1802

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: **Gerald B. Conley** DATE **1/14/00** Daytime Phone # **727-791-1814**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)