

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90042 012 ****61.25

DOCUMENT # 724505

1. Entity Name

SEVILLE CONDOMINIUM 12, INC.

Principal Place of Business

Mailing Address

2699 SEVILLE BLVD #703
 CLEARWATER FL 34624-1151

2699 SEVILLE BLVD #703
 CLEARWATER FL 34624-1151

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2351724

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LECHNER, BERNARD J ATTY
 2115 RANGE RD
 CLEARWATER FL 33765

Name **Steven H. Mezer, Esquire**

Street Address (P.O. Box Number is Not Acceptable)
Bush, Ross, Gardner, Warren & Rudy, P.A.

220 South Franklin Street

City **Tampa**

FL

Zip Code **33702**

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

STEVEN H. MEZER

3-22-02

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 **PD** Delete
 NAME **GREENE, CHARLES H**
 STREET ADDRESS **137 E FRANKLIN BLVD, P.O. BX 1353**
 CITY-ST-ZIP **GASTONIA NC 28053**

TITLE **D/P** Change Addition
 NAME **Charles H. Greene**
 STREET ADDRESS **3617 Brentwood Drive**
 CITY-ST-ZIP **Gastonia, NC 28056-6667**

TITLE **VD** Delete
 NAME **LUSCHER, DALE B**
 STREET ADDRESS **2699 SEVILLE BLVD, #809**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **D** Change Addition
 NAME **Dale B. Luscher**
 STREET ADDRESS **2699 Seville Boulevard, #208**
 CITY-ST-ZIP **Clearwater, FL 33764**

TITLE **DP** Delete
 NAME **GREENE, CHARLES H.**
 STREET ADDRESS **137 E FRANKLIN BLVD., P.O. BOX 1353**
 CITY-ST-ZIP **GASTONIA NC**

TITLE **D/V** Change Addition
 NAME **Jean Nolde**
 STREET ADDRESS **2699 Seville Boulevard, #804**
 CITY-ST-ZIP **Clearwater, FL 33764**

TITLE **TD** Delete
 NAME **COCKERMAN, DANIEL**
 STREET ADDRESS **2699-803 SEVILLE BLVD**
 CITY-ST-ZIP **CLEARWATER FL 34764**

TITLE **D/ST** Change Addition
 NAME **M. Claudia Smith**
 STREET ADDRESS **2699 Seville Boulevard, #703**
 CITY-ST-ZIP **Clearwater, FL 33764**

TITLE **D** Delete
 NAME **KLINE, WILLIAM**
 STREET ADDRESS **2699-301 SEVILLE BLVD**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **D** Change Addition
 NAME **Howard Hanok**
 STREET ADDRESS **2699 Seville Boulevard, #510**
 CITY-ST-ZIP **Clearwater, FL 33764**

TITLE **SD** Delete
 NAME **SMITH, M. CLAUDIA**
 STREET ADDRESS **2699-703 SEVILLE BLVD**
 CITY-ST-ZIP **CLEARWATER FL 33764-1151**

TITLE **D** 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: M. Claudia Smith REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-02 727 796 0645

CR2E037 (9/01)