

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725931

1. Entity Name

THE GARDENS 102, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90019 001 ****61.25

Principal Place of Business

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR. #260
CLEARWATER FL 33762
US

Mailing Address

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR. #260
CLEARWATER FL 33762
US

2. Principal Place of Business

102 Buttonwood Cir

3. Mailing Address

103 Cleveland Ave S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Seminole FL 33

City & State

LARGO, FLORIDA

4. FEI Number

59-1461256

Applied For

Not Applicable

Zip

Country

33777 Pinellas

Zip

Country

33770 Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR SUITE 260
CLEARWATER FL 34622

7. Name and Address of New Registered Agent

Name: RESOURCE PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)
103 CLEVELAND AVE. S.W.

City: LARGO, FLORIDA FL Zip Code: 33770

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

Dorothy Thomas
Signature, typed or printed name of registered agent and title if applicable.

DOROTHY THOMAS

(NOTE: Registered Agent signature required when reinstating)

7/17/00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 | P | <input type="checkbox"/> Delete |
| NAME | WHITE, FRANK | |
| STREET ADDRESS | 122 BUTTONWOOD CIR | |
| CITY-ST-ZIP | SEMINOLE FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ANTHONY, MADELEINE | |
| STREET ADDRESS | 111 BUTTONWOOD CIR | |
| CITY-ST-ZIP | SEMINOLE FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ROCCO, VIC D | |
| STREET ADDRESS | 101 BUTTONWOOD CIR | |
| CITY-ST-ZIP | SEMINOLE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BARGDILL, WILLIAM | |
| STREET ADDRESS | 214 BUTTONWOOD CIRCLE | |
| CITY-ST-ZIP | SEMINOLE FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | STEPHAN, ROSE | |
| STREET ADDRESS | 120 BUTTONWOOD CIR | |
| CITY-ST-ZIP | SEMINOLE FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BELL, RUTH | |
| STREET ADDRESS | 103 BUTTONWOOD CIR | |
| CITY-ST-ZIP | SEMINOLE FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | VP.D. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHN GLUCK | |
| STREET ADDRESS | 112 BUTTONWOOD CIR. | |
| CITY-ST-ZIP | SEMINOLE, FL. 33777 | |
| TITLE | TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SP. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | William. Downer | |
| STREET ADDRESS | 102 Buttonwood Cir | |
| CITY-ST-ZIP | SEMINOLE FL. 33777 | |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)