

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90090 050 \*\*\*\*61.25

**DOCUMENT # 725931**  
 1. Entity Name  
**THE GARDENS 102, INC.**

Principal Place of Business CONDOMINIUM ASSOCIATES 102 BUTTONWOOD CIR SEMINOLE FL 33777 US	Mailing Address C/O RESOURCE PEOPERTY MANG 103 CLEVELAND AVE S.W. LARGO FL 33774 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>59-1461256</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent  
**CONDOMINIUM ASSOCIATES  
 RESOURCE PROPERTY MANAGEMENT  
 103 CLEVELAND AVE. S.W.  
 LARGO FL 33770**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WHITE, FRANK</b> <b>122 BUTTONWOOD CIR</b> <b>SEMINOLE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>ANTHONY, MADELEINE</b> <b>111 BUTTONWOOD CIR</b> <b>SEMINOLE FL</b> <input type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D</b> <b>ROCCO, VIC D</b> <b>101 BUTTONWOOD CIR</b> <b>SEMINOLE FL</b> <input type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D</b> <b>BARGDILL, WILLIAM</b> <b>214 BUTTONWOOD CIRCLE</b> <b>SEMINOLE FL</b> <input type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>SD</b> <b>STEPHAN, ROSE</b> <b>120 BUTTONWOOD CIR</b> <b>SEMINOLE FL</b> <input type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D</b> <b>DOWNER, WILLIAM</b> <b>102 BUTTONWOOD CIR</b> <b>SEMINOLE FL 33777</b> <input type="checkbox"/> Delete</del>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CAROL HANE</b> <b>114 BUTTONWOOD CIR.</b> <b>SEMINOLE, FL 33777</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CAROL COE</b> <b>115 BUTTONWOOD CIR.</b> <b>SEMINOLE, FL 33777</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GEORGE AIKEN</b> <b>108 BUTTONWOOD CIR.</b> <b>SEMINOLE, FL 33777</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BILL BARGDILL</b> <b>214 BUTTONWOOD CIR.</b> <b>SEMINOLE, FL 33777</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANK WHITE</b> <b>122 BUTTONWOOD CIR.</b> <b>SEMINOLE FL 33777</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: John E. Shuck Date: 2-8-01 Daytime Phone #: 389-9135  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)