

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90332 032 ****61.25

DOCUMENT # 739445

1. Entity Name

TERRACE PARK OF FIVE TOWNS, NO. 10, INC.

Principal Place of Business

Mailing Address

C/O RAMPART PROPERTIES, INC.
 10033 NINTH STREET NORTH
 ST. PETERSBURG FL 33716
 US

C/O RAMPART PROPERTIES, INC.
 10033 NINTH STREET NORTH
 ST. PETERSBURG FL 33716
 US

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

59-2079584

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSBURN, BILL K
10033 NINTH STREET NORTH
ST. PETERSBURG FL 33716

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 _____

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 **D** Delete
 NAME **RICHTER, MARY**
 STREET ADDRESS **5967 TERRACE PARK DRIVE #201**
 CITY-ST-ZIP **ST. PETERSBURG FL 33709**

TITLE **PD** Change Addition
 NAME **EVANGELISTA, ALEX**
 STREET ADDRESS **5967 TERRACE PARK DRIVE #203**
 CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE **SD** Delete
 NAME **STEWART, MARION**
 STREET ADDRESS **5925 TERRACE PARK DRIVE #101**
 CITY-ST-ZIP **ST. PETERSBURG FL 33709**

TITLE **D** Change Addition
 NAME **AVERY, GEORGE**
 STREET ADDRESS **5967 TERRACE PARK DRIVE #110**
 CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE **D/V** Delete
 NAME **HERSTER, ANGELA**
 STREET ADDRESS **5925 TERRACE PARK DRIVE #203**
 CITY-ST-ZIP **ST. PETERSBURG FL 33709**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **YATES, WILLIAM**
 STREET ADDRESS **5925 TERR PARK DR #210**
 CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D/P** Delete
 NAME **CONTEY, FRANK**
 STREET ADDRESS **5967 TERRACE PARK DR #211**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D/V** Delete
 NAME **LAROCHELLE, GEORGE**
 STREET ADDRESS **5967 TERRACE PARK DR # 103**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK CONTEY **FRANK CONTEY** **11/7/01** **(727) 545-2318**

Date

Daytime Phone #

CR2E037 (10/00)