## 2000 UNIFORM BUSINESS REPORT (UBR)

George JAMaxin R

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION

## FILED DOCUMENT # **743799** Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** TERRACE PARK OF FIVE TOWNS, NO. 11-A, INC. 01-12-2000 90064 033 \*\*\*\*61.25 Principal Place of Business Mailing Address GEORGE J. MAXIN 5980 TERRACE PARK DR N 5980 TERRACE PK DR #213 #213 ST PETERSBURG FL 33709 ST PETERSBURG FL 33709-1135 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-1923377 Not Applicable Country Zip Zip \$8.75 Additional Country 5.-Certificate of Status Desired-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent George J. Maxin George J. Maxin Street Address (P.O. Box Number is Not Acceptable) **WARRAY MACK** 5980 Terrace Park Dr. N. 5980 Terrace Pk. Dr. N. No. 213 Petersburg, Fl. 33709 St. Petersburg, Fl. 33709city Zip Code STATEMENT STREET 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change Addition VSKX PD\_3 TITLE ☐ Delete TITLE Charles Klein VP NAME NAME MAXIN, GEORGE J. 5980 Terrace Park Dr. N. # 301 STREET ADDRESS STREET ADDRESS 5980 TERR PARK DR. N. #213 CITY-ST-ZIP CITY-ST-ZIP St. Pete. Fl. 33709 ST PETERSBURG FL 33709 X Addition ☐ Delete TITLE TITLE D Al Mueller D NAME NAME GRIMSLEY, LENNY 5980 Terrace Park Dr. N. # 213 STREET ADDRESS STREET ADDRES CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL 33709 ☐ Change Jody Ellis D Addition ☐ Delete TITLE TITLE 5980 Terrace Pk. Dr. N. #306 NAME NAME VANOVERSCHELDE, GEORGE STREET ADDRESS STREET ADDRESS 5980 TERR PARK DR. N. #313 St. Pete. Fl. 33709 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33709 Change Delete TITLE ☐ Addition MUHKAKA, MIJOS NAME NAME SORVIERRACE RAPIX DE 10 XVI XIX STATETATION RIVISTOR X STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TD ☐ Delete TITLE NAME KING, GENE NAME STREET ADDRESS STREET ADDRESS 5980 TERRACE PARK DR N., #201 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33709 TITLE TITLE ☐ Change ☐ Addition Delete MATAN MAX XIOSEPH NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPIETERSBURGTRIX30709 X 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.