

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

0042742

DOCUMENT # 747633

1. Entity Name

ASBURY ARMS OWNERS ASSOCIATION, INC.

05-06-2002 90137 022 ****61.25

Principal Place of Business

Mailing Address

**C/O RAMPART PROPERTIES, INC.
 10033 99TH STREET NORTH, 2ND FLOOR
 ST. PETERSBURG FL 33716-0805**

**C/O RAMPART PROPERTIES, INC.
 10033 9TH STREET NORTH, 2ND FLOOR
 ST. PETERSBURG FL 33716-0805
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2005507

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

**RAMPART PROPERTIES, INC.
 10033 99TH STREET NORTH, 2ND FLOOR
 ST. PETERSBURG FL 33716-0805**

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	VP	<input type="checkbox"/> Delete
NAME	NOVAK, JOHN P	
STREET ADDRESS	10033 NINTH ST., N. 2ND FLOOR	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PICURI, MARIE	
STREET ADDRESS	10033 NINTH ST. N. 2ND FLOOR	
CITY-ST-ZIP	ST PETERSBURG, FL 00000 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOUGAW, LEWIS	
STREET ADDRESS	10033 NINTH ST. N. 2ND FLOOR	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, DELL	
STREET ADDRESS	10033 NINTH ST. N. 2ND FLOOR	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GLEASON, ANN	
STREET ADDRESS	10033 NINTH ST. N. 2ND FLOOR	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reynolds, Dell	
STREET ADDRESS	10033 9th. St. N., 2nd. floor	
CITY-ST-ZIP	St. Petersburg, FL. 33716	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Still, Gloria	
STREET ADDRESS	10033 9th. St. N. 2nd. Floor	
CITY-ST-ZIP	St. Petersburg, FL. 33716	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gleason, Ann	
STREET ADDRESS	10033 9th. St. N. 2nd. Floor	
CITY-ST-ZIP	St. Petersburg, FL. 33716	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dillard, Richard	
STREET ADDRESS	10033 9th. St. N. 2nd. Floor	
CITY-ST-ZIP	St. Petersburg, FL. 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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: *Gloria Still* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **GLORIA STILL 4/19/02 7275772200**