

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

02-28-2001 90004 019 \*\*\*\*61.25

**DOCUMENT # 747933**

1. Entity Name

**TERRACE PARK OF FIVE TOWNS, NO. 18, INC.**

Principal Place of Business

Mailing Address

5971 TERRACE PARK DR.N.  
 ST. PETERSBURG FL 33709  
 US

5971 TERRACE PARK DR.N.  
 ST. PETERSBURG FL 33709  
 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

**NOT APPLICABLE**

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

SHERRILL, RENEY  
 5971 TERRACE PARK DRIVE NORTH  
 DORCHESTER # 302  
 ST. PETERSBURG FL 33709

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 Rene Sherrill (RENEY SHERRILL) Treas.  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/15/01  
 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 **P**  Delete  
 NAME **GRIMMEL, ALMA**  
 STREET ADDRESS **5971 TERRACE PARK DRIVE NO 202**  
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **ENOS, VIOLA**  
 STREET ADDRESS **5971 TERRACE PARK DRIVE NORTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VP**  Change  Addition  
 NAME **LYON, JEAN**  
 STREET ADDRESS **5971 Terrace Park Dr. No.**  
 CITY-ST-ZIP **St. Petersburg, FL**

TITLE **SD**  Delete  
 NAME **WELLING, HELEN**  
 STREET ADDRESS **5971 TERRACE PK DR, N**  
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **TROBIA, ANDY**  
 STREET ADDRESS **5971 TERRACE PARK DRIVE NORTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **SHERRILL, RENEY**  
 STREET ADDRESS **5971 TERRACE PARK DRIVE NORTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: Rene Sherrill (RENEY SHERRILL) Treas. 2/15/01 727/546-1387  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11815

CR2E037 (10/00)