

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750304

1. Entity Name

MAINLANDS OF TAMARAC BY THE GULF UNIT SIX ASSOCI

Principal Place of Business

Mailing Address

% PROGRESSIVE MGMT.
2753 S.R. 580 STE. 207S.
CLEARWATER FL 33761
US

% PROGRESSIVE MGMT.
2753 S.R. 580 STE. 207S.
CLEARWATER FL 33761
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

59-2051066

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

REARDON, MAUREEN, C
PROGRESSIVE MANAGEMENT INC
2753 S.R. 580, SUITE 207
CLEARWATER FL 33761

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 VD ☒ Delete
NAME RUGGIERO, LOUIS
STREET ADDRESS 9221 37TH ST
CITY-ST-ZIP PINELLAS PARK FL

TITLE V/D ☐ Change ☒ Addition
NAME CLOUGHESSEY, EDWARD
STREET ADDRESS 9132 37TH STREET
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE TD ☒ Delete
NAME GUGLIOTTA, TONY
STREET ADDRESS 9160 35TH ST
CITY-ST-ZIP PINELLAS PARK FL

TITLE T/D ☐ Change ☒ Addition
NAME CARRINGTON, KATHRYN
STREET ADDRESS 3654 90TH STREET
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE D ☒ Delete
NAME ERMANN, MARTIN
STREET ADDRESS 3565 93RD AVE N
CITY-ST-ZIP PINELLAS PARK FL

TITLE D ☐ Change ☒ Addition
NAME KEENER, WARREN
STREET ADDRESS 3586 90TH TERRACE
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE PD ☒ Delete
NAME CLEMENTS, EARL
STREET ADDRESS 9242 36TH STREET
CITY-ST-ZIP PINELLAS PARK FL

TITLE P/D ☐ Change ☒ Addition
NAME ROTHFUSS, JOHN
STREET ADDRESS 9235 36TH STREET
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE D ☐ Delete
NAME THOMPSON, WALTER
STREET ADDRESS 3478 MIANLANDS BLVD
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE D ☐ Change ☒ Addition
NAME SCHILLACI, RUDY
STREET ADDRESS 9105 34TH WAY
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE D ☒ Delete
NAME LEWANDOSKI, JAMES
STREET ADDRESS 3416 90TH TERRACE
CITY-ST-ZIP PINELLAS PARK FL 34666

TITLE S/D ☐ Change ☒ Addition
NAME DI LUZIO, ESTELLA
STREET ADDRESS 3570 90TH TERRACE
CITY-ST-ZIP PINELLAS PARK FL 33782

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:

John Wm. Rothfuss Feb. 12, 00 576-4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)