

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-30-2001 90226 007 ****61.25

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

013395



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2051066

Applied For

Not Applicable

Zip

Country

Zip

Country

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: Delete
 NAME: **VD CLOUGHESSEY, EDWARD**
 STREET ADDRESS: **9132 37TH ST**
 CITY-ST-ZIP: **PINELLAS PARK FL 33782**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: **90th Terrace**
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **TD CARRINGTON, KATHRYN**
 STREET ADDRESS: **3654 90TH ST**
 CITY-ST-ZIP: **PINELLAS PARK FL 33782**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: **Keener, Raymond**
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **D KENNER, WARREN**
 STREET ADDRESS: **3586 90TH TERRACE**
 CITY-ST-ZIP: **PINELLAS PARK FL 33782**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **PD ROTHFUSS, JOHN**
 STREET ADDRESS: **9235 36TH ST**
 CITY-ST-ZIP: **PINELLAS PARK FL 33782**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **SD DILUZIO, ESTELLA**
 STREET ADDRESS: **3570 90TH TERRACE**
 CITY-ST-ZIP: **PINELLAS PARK FL 33782**

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:

John W. Rothfuss, Pres. **1/31/01** **727-576-4490**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment
Document# 750304

Addition:

D

Johnson, Lawrence

9185 34th Way

Punellas Park, FL

33782
