

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90197 021 \*\*\*\*61.25

**DOCUMENT # 751315**

1. Entity Name

**TERRACE PARK OF FIVE TOWNS, NO. 21, INC.**

Principal Place of Business

Mailing Address

5975 TERRACE PARK DRIVE NO  
 #205  
 ST PETERSBURG FL 33709  
 US

8141 54TH AVE N  
 ST PETE FL 33709-7054  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2226804**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SORENSEN, LYNN**  
**8141 54TH AVE**  
**ST. PETERSBURG FL 33709**

Name

**SUSAN GARCIA**

Street Address (P.O. Box Number is Not Acceptable)

**8141 54th AVENUE N.**

City

**ST. PETERSBURG**

**FL**

Zip Code

**33709**

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

*Susan Garcia*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3-27-00*

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	SADOWSKI, DICK	5975 TERRACE PARK DR. N., #109	ST PETERSBURG FL 33709	<input checked="" type="checkbox"/>
TD	DIBISCEGLIE, MARIE	5975 TERRACE PARK DR. N., #110	ST PETERSBURG FL 33709	<input checked="" type="checkbox"/>
S	STAHLHUT, ELIZABETH	5975 TERRACE PARK DR N., #202	ST PETERSBURG FL	<input checked="" type="checkbox"/>
D	KIEHBROTH, MILDRED	5975 TERRACE PARK DR N., #305	ST PETERSBURG FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	GEORGE SINCLAIR	5975 TERRACE PARK DR. N., #208	ST. PETERSBURG, FL. 33709	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	MILDRED KIEHBROTH	5975 TERRACE PARK DR. N., #305	ST. PETERSBURG, FL. 33709	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	MARYANN KEELER	5975 TERRACE PARK DR. N., #103	ST. PETERSBURG, FL. 33709	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	MARIE DIBISCEGLIE	5975 TERRACE PARK DR. N., #110	ST. PETERSBURG, FL. 33709	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	VERNER FORS	5975 TERRACE PARK DR. N., #308	ST. PETERSBURG, FL. 33709	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D.	GUY DIVIGILI	5975 TERRACE PARK DR. N., #205	ST. PETERSBURG, FL. 33709	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

*George W. Sinclair*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GEORGE W. SINCLAIR** 4/18/00

Date

Daytime Phone #

CR2E037 (9/99)