

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90071 043 ****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
 US**

00033037



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

59-2226804

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

**VAN VULPEN, ANNA
 8141 54TH AVE
 ST. PETERSBURG FL 33709**

Name **SEAN M. FOLEY**

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.

[Handwritten Signature]

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)