

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90044 045 \*\*\*\*61.25

A0035456

DO NOT WRITE IN THIS SPACE

**DOCUMENT # 758092**

1. Entity Name  **RAINTREE VILLAGE CONDOMINIUM NO.6 ASSOCIATION INC.**

Principal Place of Business: **University Properties Inc, 7001 Temple Terrace Hwy, Temple Terrace, FL 33637**

Mailing Address: **University Properties Inc, 7001 Temple Terrace Hwy, Temple Terrace, FL 33637**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **992336426** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **Joseph R. Ciafrone, 1968 Bayshore Blvd, Dunedin, FL 33640**

7. Name and Address of New Registered Agent: **ANTONIO DUARTE JR, 11959 N. FLORIDA AVE, TAMPA, FL 33612**

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]* **ANTONIO DUARTE JR** DATE: **2/28/01**

**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: <b>PP</b>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CUDDAHEE, JUDY</b>		NAME:	
STREET ADDRESS: <b>6010-M LAKE TREE LANE</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>TEMPLE TERRACE, FL 33617</b>		CITY-ST-ZIP:	
TITLE: <b>VPD</b>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CEROLI, THOMAS</b>		NAME:	
STREET ADDRESS: <b>6010-G LAKE TREE LANE</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>TEMPLE TERRACE, FL 33617</b>		CITY-ST-ZIP:	
TITLE: <b>S-D</b>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WIBETO TODD</b>		NAME:	
STREET ADDRESS: <b>6010-J LAKE TREE LANE</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>TEMPLE TERRACE, FL 33617</b>		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: *[Signature]* **Judy Cuddahee** DATE: **3/1/01** Daytime Phone #: **813961-3300**

CR2E037 (1/1/00)