

**2001. UNIFORM BUSINESS REPORT (UBR)**

1/

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90032 035 \*\*\*\*61.25

**DOCUMENT # 761961**

1. Entity Name

**VILLAGE COURT PROFESSIONAL CENTER CONDOMINIUM AS**

Principal Place of Business

Mailing Address

1245 COURT ST #102  
 CLEARWATER FL 33756

1245 COURT ST #102  
 CLEARWATER FL 33756

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2198847**

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

**GASSMAN, ALAN S**  
**1245 COURT ST STE 102**  
**CLEARWATER FL 33756**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input checked="" type="checkbox"/> Delete	<del>STEWART, JAMES</del>	<del>1245 COURT ST #100</del>	<del>CLEARWATER FL 33756</del>		
<input type="checkbox"/> Delete	GASSMAN, ALAN S	1245 COURT ST. #102	CLEARWATER FL 33756		
<input type="checkbox"/> Delete	COLEMAN, STEPHEN P	1245 COURT ST. #104	CLEARWATER FL 33756		
<input type="checkbox"/> Delete	MERIN, SIDNEY DR.	1245 COURT ST. #103	CLEARWATER FL 33756		
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					

CR2E037 (10/00)

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 REQUIRED**

Date

Daytime Phone #