

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90161 010 ****61.25

DOCUMENT # 768339

1. Entity Name
THE VILLAGE SOUTH OF CARROLLWOOD, INC.

Principal Place of Business **Mailing Address**
PO BOX 270353 **PO BOX 270353**
TAMPA FL 33688 **TAMPA FL 33688-0353**

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DARIUS V. BAKUNAS
4218 CARTNAL AVENUE
TAMPA FL 33624

7. Name and Address of New Registered Agent
 Name LINDA HOWELL NORMAN PRENZEL
 Street Address (P.O. Box Number is Not Acceptable) PO BOX 270353 4212 MEADOW HILL DR
TAMPA FL 33688 4213 CARTNAL AVE
 City TAMPA FL Zip Code 33688-0353
33624

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 *Norman Prenzel* 4/25/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
NORMAN PRENZEL Treasurer - Director

FILE NOW: **FEES IS \$61.25** **9. Election Campaign Financing** ☐ **\$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	VPD → PD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	HOWELL, LINDA		NAME	HOWELL, LINDA	
STREET ADDRESS	4212 MEADOW HILL DR		STREET ADDRESS	4212 MEADOW HILL DR	
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP	TAMPA FL 33624	
TITLE	SDC	☒ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	COLEY, CATHY		NAME	DAW ARMSTRONG	
STREET ADDRESS	4203 MEADOW HILL DRIVE		STREET ADDRESS	4220 WATER OAKS LANE	
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP	TAMPA FL 33624	
TITLE	PD → SDC ASST SEC/DIR	☒ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	DUBOUR, BECKY		NAME	NORMAN C. PRENZEL	
STREET ADDRESS	4217 CARDINAL AVE		STREET ADDRESS	4213 CARTNAL AVE	
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP	TAMPA FL 33624	
TITLE	TD → ASST TREASURER/DIRECTOR	☒ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	STEADMAN, MILTON A		NAME	MICHAEL GERRIG	
STREET ADDRESS	4201 CARTNAL AVE		STREET ADDRESS	4224 MEADOW HILL DR	
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP	TAMPA FL 33624	
TITLE		☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME			NAME	MILTON A STEADMAN	
STREET ADDRESS			STREET ADDRESS	4201 CARTNAL AVE	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA FL 33624	
TITLE		☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME			NAME	ROSALBA DE BOEN	
STREET ADDRESS			STREET ADDRESS	4217 CARTNAL AVE	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA FL 33624	

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 an other like empowered.

SIGNATURE: *Norman Prenzel* 4/25/00 813-962-0485
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)