

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90114 033 ***150.00

DOCUMENT # H49961

1. Entity Name

GOLDEN GATE RESIDENTS ASSOCIATION OF PINELLAS PA

Principal Place of Business

Mailing Address

**8201 40 ST NORTH
 PINELLAS PARK FL 34665
 33781**

**8201 40 ST NORTH
 PINELLAS PARK FL 33781-1748**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2518993**

Applied For

Not Applicable

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

**MEZER, STEVEN H
 1212 COURT ST., STE. B
 CLEARWATER FL 33616**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P FISHER, MOREY**
 STREET ADDRESS **82241 G. STREET**
 CITY-ST-ZIP **PINELLAS PARK FL 34665**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S ROSPIERSKI, BOB**
 STREET ADDRESS **82170 E. ST**
 CITY-ST-ZIP **PINELLAS PARK FL 34665**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T WHITE, BILL**
 STREET ADDRESS **82040 5TH AVE**
 CITY-ST-ZIP **PINELLAS PARK FL 34665**

TITLE Change Addition
 NAME **Ed Mottola**
 STREET ADDRESS **82124 B St.**
 CITY-ST-ZIP **Pinellas Park, Fl. 33781**

TITLE Delete
 NAME **D URIAN, CHARLES**
 STREET ADDRESS **82073 1ST AVE**
 CITY-ST-ZIP **PINELLAS PARK FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MOTTOLA, ED**
 STREET ADDRESS **82124 B ST**
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE Change Addition
 NAME **John McCool**
 STREET ADDRESS **82159 D St.**
 CITY-ST-ZIP **Pinellas Park, Fl. 33781**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Maurice J. Fisher
MAURICE J. FISHER, PRESIDENT

4-4-2000
 Date

577-9205
 Daytime Phone #

CR2E034 (9/99)