

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90311 048 ***158.75

DOCUMENT # H49961

1. Entity Name
GOLDEN GATE RESIDENTS ASSOCIATION OF PINELLAS PA

Principal Place of Business Mailing Address
8201 40 ST NORTH 8201 40 ST NORTH
PINELLAS PARK FL 34665 PINELLAS PARK FL 34665

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country
33781 33781

4. FEI Number **59-2518993** Applied For
Not Applicable

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

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

Name **Francis J. Orzel**
Street Address (P.O. Box Number is Not Acceptable)
82276 2nd Ave
City **Pinellas Park, FL** Zip Code **33781**

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 **Francis J. Orzel** *Francis J. Orzel* **3-2-01**
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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **Francis J. Orzel**
STREET ADDRESS **82276 2nd Ave.**
CITY-ST-ZIP **Pinellas Park, Fl. 33781**

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

TITLE ☐ Change ☐ Addition
NAME **D Joan C. Glennon**
STREET ADDRESS **82092 1st Ave.**
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 **T Urian, Charles**
STREET ADDRESS **82073 1st Ave.**
CITY-ST-ZIP **Pinellas Park, Fl. 33781**

TITLE ☐ Delete
NAME **D MCCOOL, JOHN**
STREET ADDRESS **82159 D. ST**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: *Francis J. Orzel* **2-27-2001** **727-577-9205**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)