2001 UNIFORM BUSINESS REPORT (UBR)

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FILED

01 OCT -2 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H86528

1. Entity Name
VICTORY ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6950 46TH AVE NORTH LOT 51 ST. PETE FL 33709 US	6950 46TH AVE NORTH OFFICE ST. PETE FL 33709 US

09/13/01-90053-012 $140.00

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 59-2675984 ☐ 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
HIRSCH DE HAAN, ELLEN 5999 CENTRAL AVENUE STE 104 SAINT PETERSBURG FL 33710	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARLEY, MARILYN 6950 46TH AVE N #53 ST. PETE FL 33709	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SP GENE BAILEY 6950 46TH AVE N #19 ST PETE 33709	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUELLER, PAUL 6950 46TH AVE N LOT 29 ST. PETE FL 33709	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RICK SPEIGEL #12 6950 46TH AVE N. ST PETE 33709	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAVILAND, BARBARA 6950 46TH AVE NORTH #51 ST. PETE FL 33709	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BARBARA ESSIG #41 6950 46TH AVE N. ST PETE 33709	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VEST, NANCY 6930 46TH AVE N LOT 33 ST. PETE FL 33709	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVERETT RILEY #32 6950 46TH AVE N ST PETE 33709	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELOS, PETER 6950 46TH AVE NORTH #9 ST. PETE FL 33709	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES COOK #44 6940 46 AVE N. ST PETE 33709	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/01)

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: [illegible] REQUIRED 9/6/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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****410.00 ****410.00