

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90193 047 ****70.00

DOCUMENT # N03594

1. Entity Name
VICTORIA TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1301 SEMINOLE BLVD. #172 LARGO FL 33770 US	Mailing Address 1301 SEMINOLE BLVD. #172 LARGO FL 33770-8113 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7628 N. 56th St Suite, Apt. #, etc. #8 City & State TAMPA FL Zip 33617	Country	3. Mailing Address 60 WISE MGMT Suite, Apt. #, etc. 7628 N 56th #8 City & State TAMPA FL Zip 33617	Country
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4. FEI Number 59-2434118	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**SANDERS, JOE
 1301 SEMINOLE BLVD
 #172
 LARGO FL 33770**

7. Name and Address of New Registered Agent
 Name **WILLIAM SPIVEY**
 Street Address (P.O. Box Number is Not Acceptable)
**60 WISE PROP MGMT
 7628 N 56th #8**
 City **TAMPA** FL Zip Code **33617**

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 **04/05/00**

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME: P KAAREY, MULLINS <input type="checkbox"/> Delete	STREET ADDRESS: 11353 STRATTON PARK DR. TEMPLE TERRACE FL 33617
TITLE NAME: VPD SHERIDAN, SCOTT <input type="checkbox"/> Delete	STREET ADDRESS: 11315 REGAL SQUARE DR. TEMPLE TERRACE FL 33617
TITLE NAME: SD BULLARD, BARRY <input checked="" type="checkbox"/> Delete	STREET ADDRESS: 11324 GRANDVILLE DR. TEMPLE TERRACE FL 33617
TITLE NAME: DT COYLE, DENISE <input checked="" type="checkbox"/> Delete	STREET ADDRESS: 11349 GRANDVILLE DR. TEMPLE TERRACE FL 33617
TITLE NAME: D CASTELLANO, DENNIS <input type="checkbox"/> Delete	STREET ADDRESS: 11305 GRANDVILLE DR. TEMPLE TERRACE FL 33617
TITLE NAME: <input type="checkbox"/> Delete	STREET ADDRESS: <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME: D BOB WILFONG <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS: 5709 DALDEN TAMPA FL 33617
TITLE NAME: TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS: <input type="checkbox"/> Delete
TITLE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS: <input type="checkbox"/> Delete
TITLE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS: <input type="checkbox"/> Delete

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: **KAAREY MULLINS** 4/3/00 813-899-2680
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)