

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90006 020 \*\*\*\*61.25

**DOCUMENT # N08555**

1. Entity Name

**RAINTREE VILLAGE CONDOMINIUM NO. 9 ASSOCIATION,**

Principal Place of Business

7001 TEMPLE TERRACE HIGHWAY  
 TEMPLE TERRACE FL 33637  
 US

Mailing Address

7001 TEMPLE TERRACE HIGHWAY  
 TEMPLE TERRACE FL 33637  
 US

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

**59-2644286**

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

**LEIB, PATRICIA**  
**606 MADISON ST**  
**STE 2001**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name: **Antonio Duarte**  
 Street Address: **1959 N. FLORIDA AVE**  
 City: **TAMPA** FL Zip Code: **33612**

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

**Antonio Duarte** **1/31/01**

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD SAVIOLA, PHILLIP	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9623 NORCHESTER CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	SD OSTERMAN, MAURO	<input type="checkbox"/> Delete
STREET ADDRESS	6002-C LAKE TREE LANE	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE NAME	PD BUSHELL, BARB	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6004 LAKE TREE LANE UNIT C	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VPD PATRASCOIU, FLORIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6002 E LAKE TREE LANE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE NAME	PD OSTERMAN, MAURO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6002-C LAKE TREE LANE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE NAME	SD BUCKNER, HOWARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6002-A LAKE TREE LANE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: **Mauro Osterman**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**135-2001 813-974423**  
 Date Daytime Phone #

CR2E037 (10/00)