

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90096 015 \*\*\*\*\*70.00

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**DOCUMENT # N14528**

1. Entity Name

**FOUNTAINVIEW ESTATES FRIENDSHIP COUNCIL, INC.**

Principal Place of Business

Mailing Address

RITA ALWINE  
 8800 SHELDON RD  
 TAMPA FL 33635

9128 BLAIRMOR RD  
 TAMPA FL 33635  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*Fountainview Estates*  
 Suite, Apt. #, etc.

*5800 Sheldon Rd*  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-0197900

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

*33635*

*Hill Boilough*

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALWINE, RITA F  
 9128 BLAIRMOR RD  
 TAMPA FL 33635

Name *RITA F ALWINE*  
 Street Address (P.O. Box Number is Not Acceptable) *9128 Blair Moor Rd*  
*TAMPA*  
 City *FLA* FL Zip Code *33635*

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 *Rita F Alwine*

3/27/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	FC DONEGAN, SHIRLEY	<input type="checkbox"/> Delete
STREET ADDRESS	8821 GUNNINGDALE	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE NAME	VD STEIN, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	9132 MCMILLAN LANE	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE NAME	VD PIATEK, TED	<input type="checkbox"/> Delete
STREET ADDRESS	8807 WELLINGTON DR	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE NAME	D STILLMAN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	8812 TORREY RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	D STILLMAN, SANNA	<input type="checkbox"/> Delete
STREET ADDRESS	8812 TORREY RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	RA ALWINE, RITA F	<input type="checkbox"/> Delete
STREET ADDRESS	9128 BLAIRMOR RD	
CITY-ST-ZIP	TAMPA FL 33635	

TITLE NAME	<i>Wise Seamerises</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<i>Bob Seamerises</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
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		
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:

*RITA F ALWINE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/30/01

Daytime Phone #

CR2E037 (10/00)