

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90063 043 \*\*\*\*61.25

**DOCUMENT # N95000001288**

1. Entity Name

**QUEEN ANNE GATE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**% MICHELLE RUDKIN  
 2595 TAMPA RD., SUITE H  
 PALM HARBOR FL 34684  
 US**

**% MICHELLE RUDKIN  
 2595 TAMPA RD., SUITE H  
 PALM HARBOR FL 34684  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3345362**

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

7. Name and Address of New Registered Agent

**RUDKIN, MICHELLE  
 2595 TAMPA RD., SUITE H  
 PALM HARBOR FL 34684**

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

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	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	FITZGERALD, MICHAEL J	1195 ROYAL BLVD	PALM HARBOR FL 34684	PD	RONALD MABENNIS	1151 ROYAL BLVD.	PALM HARBOR FL 34684
SD	MINTER, THOMAS	1190 ROYAL BLVD	PALM HARBOR FL 34684	D	BETTY CONVERSE	1077 ROYAL BLVD.	PALM HARBOR FL 34684
DT	PASQUALE, ERNEST	1127 ROYAL BLVD	PALM HARBOR FL 34684				
D	EVERS, LESTER A	1197 ROYAL BLVD	PALM HARBOR FL 34684				

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (9/99)