

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90093 005 *****61.25

DOCUMENT # N95000005897

1. Entity Name

VILLA ROSA MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~325 SOUTH BLVD.~~
~~TAMPA FL 33606~~

~~PO BOX 2074~~
~~TAMPA FL 33601~~
US

2. Principal Place of Business

3. Mailing Address

10033 9th Street North
Suite, Apt. #, etc.

10033 9th Street N.
Suite, Apt. #, etc.

City & State

City & State

St. Petersburg, FL

St. Petersburg, FL

Zip Country
33716 Pinellas

Zip Country
33716 Pinellas

4. FEI Number

59-3366631

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

~~HANSON, JACK~~
~~THE MELROSE MANAGEMENT GROUP~~
~~325 S BOULEVARD~~
~~TAMPA FL 33606~~

Name
Brian K. Smith

Street Address (P.O. Box Number is Not Acceptable)

c/o Rampart Properties

10033 9th Street North

City Zip Code
St. Petersburg FL 33716

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 | D MESSERLY, MARK 107 DUNBAR AVE., SUITE 1 OLDSMAR FL 34677 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERGER, ANDREW 107 DUNBAR AVE., SUITE 1 OLDSMAR FL 34677 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HIDALGO, GAIL 107 DUNBAR AVE., SUITE 1 OLDSMAR FL 34677 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Jerry Swan 10033 9th St. North St. Petersburg, FL 33716 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/D Chuck Marino 10033 9th St. North St. Petersburg, FL 33716 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D Tom Dailey 10033 9th St. North St. Petersburg, FL 33716 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D Brenda Winter 10033 9th St. North St. Petersburg, FL 33716 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Hugh Miller 10033 9th St. North St. Petersburg, FL 33716 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)