

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90015 001 *1,161.25

18986

DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000000008
1. Entity Name
TAMPA PALMS AREA 3 OWNERS ASSOCIATION, INC.

Principal Place of Business **Mailing Address**
 401 Providence Road 401 Providence Road
 Brandon, FL 33511 Brandon, FL 33511

2. Principal Place of Business **3. Mailing Address**
 6000 Compton Estates Way 6000 Compton Estates Way
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Tampa, FL Tampa, FL
Zip **Country** **Zip** **Country**
 33647 USA 33647 USA

4. FEI Number **Applied For**
 59-3569718 **Not Applicable**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Inglis, John S., Esq.
 Shumaker, Loop & Kendrick, LLP
 101 E. Kennedy Blvd., Ste. 2800
 Tampa, FL 33602

7. Name and Address of New Registered Agent
 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

TITLE	D	<input type="checkbox"/> Delete
NAME	Kinler, Warren	
STREET ADDRESS	401 Providence Road	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	Wilf, Mark	
STREET ADDRESS	820 Morris Turnpike	
CITY-ST-ZIP	Short Hills, NJ 07078	
TITLE	D	<input type="checkbox"/> Delete
NAME	Wilf, Zygmunt	
STREET ADDRESS	820 Morris Turnpike	
CITY-ST-ZIP	Short Hills, NJ 07078	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6000 Compton Estates Way	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: By  **Warren Kinsler, Director** Date: 7/24/00 Daytime Phone #: 813/910-7914