

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

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**DOCUMENT # N97000000008**

1. Entity Name

**TAMPA PALMS AREA 3 OWNERS ASSOCIATION, INC.**

03-12-2001 90409 001 \*\*\*361.25

Principal Place of Business

**6000 COMPTON ESTATES WAY  
 TAMPA FL 33647  
 US**

Mailing Address

**6000 COMPTON ESTATES WAY  
 TAMPA FL 33647  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3569718**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**INGLIS, JOHN S ESQ.  
 SHUMAKER, LOOP & KENDRICK  
 101 E. KENNEDY BLVD., SUITE 2800  
 TAMPA FL 33602**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KINSLER, WARREN</b>	
STREET ADDRESS	<b>6000 COMPTON ESTATE WAY</b>	
CITY-ST-ZIP	<b>TAMPA FL 33647</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILF, MARK</b>	
STREET ADDRESS	<b>820 MORRIS TURNPIKE</b>	
CITY-ST-ZIP	<b>SHORT HILLS NJ 07078</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILF, ZYGMUNT</b>	
STREET ADDRESS	<b>820 MORRIS TURNPIKE</b>	
CITY-ST-ZIP	<b>SHORT HILLS NJ 07078</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Warren Kinsler* **SIGNATURE REQUIRED** Warren Kinsler, Director *03/02/2001* 813/910-7914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)