

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. 708125

1. Entity Name

TOWN APARTMENTS, INC., NO. 1, A CONDOMINIUM

Principal Place of Business

1900 61ST AVE N
CONDO 1
ST PETERSBURG FL 33714
US

Mailing Address

1900 61ST AVE. N.
CONDO 1
ST PETERSBURG FL 33714-1528
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2176156

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

MORIN, BARBARA A
6050 21ST ST N.
#10
ST PETERSBURG FL 33714

Name

BURNS, FRED A J

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

6050 21ST ST N., SUITE B-3

City

ST PETERSBURG

FL

Zip Code
33714

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

FREDA J BURNS, PRES.

MARCH 22, 2000

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	ST BURN, FRED A 6050 21ST ST., N., SUITE B-3 ST PETERSBURG FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILAGY, LOUIS S 6050 21ST ST., N., SUITE B-2 ST PETERSBURG FL 33714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, JAMES 6100 21ST ST N STE A-14 ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUSS, LILLIAN 6100 21 STREET NORTH A17 ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLERVY, MARY 6050 21ST ST., N., STE. B-5 ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSIMAGI, SYLVIA 6050 21ST ST N STE B-20 ST PETE FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S CLOYED, PATRICIA M 6050 21ST ST., N., SUITE B-19 ST PETERSBURG, FL 33714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRINGTON, HELEN K 6050 21ST ST., N., SUITE B-12 ST PETERSBURG, FL 33714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P BURNS, FRED A 6050 21 ST NORTH #B-3 ST PETERSBURG, F. 33714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

FREDA J. BURNS

3/22/2000 (727) 526-9271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90070 001 ***122.50



DO NOT WRITE IN THIS SPACE