

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03594

1. Entity Name

VICTORIA TERRACE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90193 047 \*\*\*\*70.00

Principal Place of Business	Mailing Address
1301 SEMINOLE BLVD. #172 LARGO FL 33770 US	1301 SEMINOLE BLVD. #172 LARGO FL 33770-8113 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7628 N. 56 <sup>TH</sup> ST Suite, Apt. #, etc. #8 City & State TAMPA FL Zip 33617 Country	3. Mailing Address c/o WISE MGMT Suite, Apt. #, etc. 7628 N 56 <sup>TH</sup> #8 City & State TAMPA FL Zip 33617 Country
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4. FEI Number 59-2434118	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDERS, JOE  
1301 SEMINOLE BLVD  
#172  
LARGO FL 33770

7. Name and Address of New Registered Agent

Name: WILLIAM SPIVEY  
Street Address (P.O. Box Number is Not Acceptable): c/o WISE PROP MGMT  
7628 N 56<sup>TH</sup> #8  
City: TAMPA FL Zip Code: 33617

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

DATE: 04/05/00

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAAREY, MULLINS 11353 STRATTON PARK DR. TEMPLE TERRACE FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHERIDAN, SCOTT 11315 REGAL SQUARE DR. TEMPLE TERRACE FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BULLARD, BARRY 11324 GRANDVILLE DR. TEMPLE TERRACE FL 33617	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COYLE, DENISE 11349 GRANDVILLE DR. TEMPLE TERRACE FL 33617	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLANO, DENNIS 11305 GRANDVILLE DR. TEMPLE TERRACE FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB WILFONG 5709 DALDEN TAMPA FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input checked="" 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: KAAREY MULLINS  
Signature and typed or printed name of signing officer or director

Date: 4/3/00 Daytime Phone #: 813-899-2680

CR2E037 (9/99)