

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765266

1. Entity Name

215 VERNE CONDOMINIUM ASSOCIATION, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90032 003 ****61.25

Principal Place of Business

215 VERNE ST
SUITE A
TAMPA FL 33606-2332

Mailing Address

P.O. BOX 709
TAMPA FL 33601-0709

2. Principal Place of Business

N/A

3. Mailing Address

N/A

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

N/A

City & State

N/A

Zip

N/A

Country

N/A

Zip

N/A

Country

N/A

4. FEI Number

59-2148227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, RICHARD H
215 VERNE ST
SUITE A
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

N/A

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 PD
NAME WILSON, RICHARD H.
STREET ADDRESS 215 VERNE STREET
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE D
NAME HAYNES, RONALD
STREET ADDRESS 215 VERNE STREET
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE D
NAME WILSON, SHIRLEY G.
STREET ADDRESS 525 CHARLES PLACE
CITY-ST-ZIP BRANDON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)