

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03594

1. Entity Name

VICTORIA TERRACE CONDOMINIUM ASSOCIATION, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90098 046 *****70.00

0057099

Principal Place of Business

7628 N 56TH STREET
#8
TAMPA FL 33617
US

Mailing Address

7628 N 56TH STREET
#8
TAMPA FL 33617
US

2. Principal Place of Business

16105 N. FLORIDA

3. Mailing Address

16105 N. FLORIDA

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

LUTZ FL

City & State

LUTZ FL

Zip

33549

Country

Zip

33549

Country

4. FEI Number

59-2434118

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SPIVEY, WILLIAM
C/O WISE PROP MGMT
7628 N 56TH STREET # 8
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

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

16105 N. FLORIDA

SUITE A

City

LUTZ

FL

Zip Code

33549

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 NAME STREET ADDRESS CITY-ST-ZIP	P N KAAREN KAAREN, 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 DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILFONG, BOB 5709 DALDEN TEMPLE TERRACE FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASTELLANO, DENNIS 11305 GRANDVILLE DR. TEMPLE TERRACE FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	RUTH REITER STRATTON PARK DR. TEMPLE TERRACE FL 33617	<input type="checkbox"/> Change <input checked="" 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	SD DELETE ASTRID HARTIG 5709 DALDEN TEMPLE TERRACE 33617	<input type="checkbox"/> Change <input checked="" 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 another like empowered.

SIGNATURE:

KAAREN MULLINS

4/27/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)