

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90169 020 \*\*\*150.00

**DOCUMENT # 304040**

1. Entity Name

**SEMINOLE GARDENS APARTMENT NO 7-A, INC.**

Principal Place of Business

Mailing Address

112TH ST. N.  
SEMINOLE FL 337728330 112TH ST. N.  
SEMINOLE FLA 33772-4207  
US

00030401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-1117883

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

CASTLES, ROBERT  
8330 112TH ST N  
SEMINOLE FL 33772

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VP	WINN, TED	8330 112TH ST N	SEMINOLE FL 33772	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	HOLEVA, CATHERINE	8330 112TH ST N	SEMINOLE FL 33772	<input checked="" type="checkbox"/>	P	Griffith, Patricia	8330 112th St. N.	Seminole, FL 33772	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ATAS	HANGERS, MILDRED	8330 112TH ST N	SEMINOLE FL 33772	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	MANDEVILLE, JOSEPHINE	8330 112TH ST N	SEMINOLE, FL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	ROBINSON, BERNICE CONNOR	8330 112TH ST N	SEMINOLE, FL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-393-7502