

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 320041

1. Entity Name

SEMINOLE GARDENS APARTMENT NO. 16-D, INC

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90169 013 \*\*\*150.00

Principal Place of Business

Mailing Address

8330 112TH ST. N.  
SEMINOLE FL 33772  
US

8330 112TH ST. N.  
SEMINOLE FLA 33772-4207  
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

59-1207016

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

CASTLES, ROBERT G  
8330 112 TH ST NORTH  
SEMINOLE FL 33722

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	P	<input type="checkbox"/> Delete
NAME	HALKER, PETER	
STREET ADDRESS	8330 112TH ST N	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, RUTH	
STREET ADDRESS	8330 112TH ST N	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, FRANCES	
STREET ADDRESS	8330 112TH ST N	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KRAIKER, RUTH	
STREET ADDRESS	8330 112TH ST N	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	TUNE, ROBERT	
STREET ADDRESS	8330 112TH ST N	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

*Peter Halker* PETER HALKER

2/17/2000

727/393-7502

CR2E034 (9/99)