

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90028 006 ***150.00

DOCUMENT # 364386

1. Entity Name
PASADENA MANAGEMENT COMPANY INC

Principal Place of Business
7500 SUN ISLAND DRIVE
SOUTH PASADENA FL 33707

Mailing Address
7500 SUN ISLAND DRIVE
SOUTH PASADENA FL 33707

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 59-1354479

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

ZACUR, RICHARD A.
5200 CENTRAL AVENUE
ST. PETERSBURG FL 33707

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
 NAME **UTTERBACK, WILMA**
 STREET ADDRESS **7500 SUN ISLAND DRIVE**
 CITY-ST-ZIP **SOUTH PASADENA FL**

TITLE ☐ Change ☒ Addition
 NAME **PINO BALAFEDE**
 STREET ADDRESS **7500 SUN ISLAND DR.**
 CITY-ST-ZIP **SO PASADENA, FL 33707**

TITLE **TD** ☒ Delete
 NAME **CAMPBELL, CLAUDIA**
 STREET ADDRESS **7500 SUN ISLAND DRIVE**
 CITY-ST-ZIP **SOUTH PASADENA FL**

TITLE ☐ Change ☒ Addition
 NAME **DONALD BARTERS**
 STREET ADDRESS **7500 SUN ISLAND DRIVE**
 CITY-ST-ZIP **SO PASADENA, FL 33707**

TITLE **PD** ☒ Delete
 NAME **LINDGREN, ART**
 STREET ADDRESS **7500 SUN ISLAND DRIVE**
 CITY-ST-ZIP **SOUTH PASADENA FL**

TITLE ☐ Change ☒ Addition
 NAME **JOHN LUZIO**
 STREET ADDRESS **7500 SUN ISLAND DRIVE**
 CITY-ST-ZIP **SO PASADENA, FL 33707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **ED GIULIANO**
 STREET ADDRESS **7500 SUN ISLAND DR**
 CITY-ST-ZIP **SO PASADENA, FL 33707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **FRED JOHNSON**
 STREET ADDRESS **7500 SUN ISLAND DR**
 CITY-ST-ZIP **SO PASADENA, FL 33707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **TOM BILL**
 STREET ADDRESS **7500 SUN ISLAND DR**
 CITY-ST-ZIP **SO PASADENA, FL 33707**

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 #

4-17-02 727-360-2751

CR2E034 (9/01)