

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704936

1. Entity Name

GARDENIA TERRACE, INC.

Principal Place of Business

2330 NE 36 STREET
LIGHTHOUSE PT FL 33064

Mailing Address

2330 NE 36 STREET
LIGHTHOUSE PT FL 33064-7581

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

65-0261247

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

7. Name and Address of New Registered Agent

DORIS, MARTIN
2330 NE 36 ST
LIGHTHOUSE PT FL 33064

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

Albina M. Olson

ALBINA M. OLSON TRES.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZAPPONE, JOSEPH M.	
STREET ADDRESS	2330 N.E. 36TH STREET, #7	
CITY-ST-ZIP	LIGHTHOUSE PT. FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, DORIS	
STREET ADDRESS	2330 NE 36TH ST, #10	
CITY-ST-ZIP	LIGHTHOUSE PT. FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OLSON, ALBINA	
STREET ADDRESS	2330 NE 36TH ST	
CITY-ST-ZIP	LIGHTHOUSE PT. FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCARDINA, PAUL	
STREET ADDRESS	2330 NE 36 ST, #6	
CITY-ST-ZIP	LIGHTHOUSE PT. FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEMERISE, GARY A	
STREET ADDRESS	2330 NE 36 ST #8	
CITY-ST-ZIP	LIGHTHOUSE PT. FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLASKY, RICHARD	
STREET ADDRESS	2330 NE 36 ST, #12	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	

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		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLL WISSIG	
STREET ADDRESS	2330 NE 36TH ST #2	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	
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		

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

Albina M. Olson 946-2544

Date

Daytime Phone #

CR2E037 (9/99)