

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90061 044 ****61.25

DOCUMENT # 705947

1. Entity Name

GARDEN TERRACE APTS. NO. 6, INC.

Principal Place of Business

Mailing Address

**1400 S. 19TH AVE.
 HOLLYWOOD FL 33020-6361**

**1400 S. 19TH AVE.
 HOLLYWOOD FL 33020-6300**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2949190

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

**O'DONNELL, CLARA
 1400 S. 19TH AVE.
 HOLLYWOOD FL 33020**

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 _____

**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: VPD Delete
 NAME: TOMASELLI, OLLIE
 STREET ADDRESS: 1400 S. 19 AVENUE
 CITY-ST-ZIP: HOLLYWOOD FL

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: PD Delete
 NAME: LUCANIA, VIRGINIA
 STREET ADDRESS: 140 S. 19TH AVE., #8
 CITY-ST-ZIP: HOLLYWOOD FL

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: TD Delete
 NAME: O'DONNELL, C
 STREET ADDRESS: 1400 S 19TH AVE
 CITY-ST-ZIP: HOLLYWOOD FL

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: VPD Delete
 NAME: TOMASELLO, OLLIE
 STREET ADDRESS: 1400 S 19TH AVE
 CITY-ST-ZIP: HOLLYWOOD FL

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: SD Delete
 NAME: TOMASELLO, OLLIE
 STREET ADDRESS: 1400 S 19TH AVE
 CITY-ST-ZIP: HOLLYWOOD FL

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change 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: *CLARA O'DONNELL* CLARA O'DONNELL 3/6/2000
 TREASURER

Date

Daytime Phone #

CR2E037 (9/99)