

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90012 039 ****61.25

0001481

DOCUMENT # 705947

1. Entity Name

GARDEN TERRACE APTS. NO. 6, INC.

Principal Place of Business

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

Mailing Address

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

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

59-2949190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **JOSEPHINE RAUCKINAS**

Street Address (P.O. Box Number is Not Acceptable)

1400 S 19 AVE.

City **HOLLYWOOD**

FL

Zip Code **33020**

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

JOSEPHINE RAUCKINAS - TREAS.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Josephine Rauckinas 4/3/01

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Change ☐ Addition
NAME **BENSON, RICHARD**
STREET ADDRESS **1400 S 19 AVE**
CITY-ST-ZIP **HOLLYWOOD, FLA. 33020**

TITLE **PD** ☐ Change ☐ Addition
NAME **DI BIASE, SHIRLY**
STREET ADDRESS **1400 S 19 AVE**
CITY-ST-ZIP **HOLLYWOOD FLA 33020**

TITLE **TD** ☐ Change ☐ Addition
NAME **RAUCKINAS, JOSEPHINE**
STREET ADDRESS **1400 S 19 AVE**
CITY-ST-ZIP **HOLLYWOOD, FLA 33020**

TITLE **SD** ☐ Change ☐ Addition
NAME **RAUCKINAS, JOSEPHINE**
STREET ADDRESS **1400 S 19 AVE**
CITY-ST-ZIP **HOLLYWOOD FLA. 33020**

TITLE ☐ Change ☐ Addition
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:

Josephine Rauckinas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)