

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719576

1. Entity Name

MAINLANDS OF TAMARAC BY THE GULF UNIT NO. 1 ASSO

Principal Place of Business

Mailing Address

10161 49TH ST.. N.
PINELLAS PARK FL 34666
US

10161 49TH ST.. N.
PINELLAS PARK FL 33782-3436
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

59-1514233

Applied For

Not Applied

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

FL CENTRAL MANAGEMENT
28163 U.S. 19 N.
SUITE 202
CLEARWATER FL 33625

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

TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON ALLEN J.	
STREET ADDRESS	9620 45TH WAY	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITCHFIELD, ROBERT	
STREET ADDRESS	4391 95TH AVE	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COPELLO, LAWRENCE	
STREET ADDRESS	9800 45TH WAY	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILL, CAROLYN	
STREET ADDRESS	9800 WAY	
CITY-ST-ZIP	PINELLAS PARK FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEGNETTER, JACK	
STREET ADDRESS	9359 45TH ST	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	P	<input type="checkbox"/> Delete
NAME	DUFFIELD, CLYDE	
STREET ADDRESS	9673 MAINLANDS BLVD.	
CITY-ST-ZIP	PINELLAS PARK FL 33782	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Clayton Duffield, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90063 016 ****61.25

00011100



DO NOT WRITE IN THIS SPACE