FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

with all other like empowered.

## Feb 20, 2001 8:00 am DOCUMENT # 719576 **Secretary of State** 1. Entity Name 02-20-2001 90036 047 \*\*\*\*61.25 MAINLANDS OF TAMARAC BY THE GULF UNIT NO. 1 ASSO Principal Place of Business Mailing Address 10161 49TH ST., N. 10161 49TH ST., N. PINELLAS PARK FL 34666 PINELLAS PARK FL 34666 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1514233 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FL CENTRAL MANAGEMENT 28163 U.S. 19 N. SUITE 202 City Zip Code CLEARWATER FL 33625 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME ANDERSON ALLEN J. STREET ADDRESS STREET ADDRESS 9620 45TH WAY CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33782 Delete TITLE TITLE Change Addition D NAME NAME LITCHFIELD, ROBERT Gannon, Robert STREET ADDRESS STREET ADDRESS 4391 95TH AVE 9705 Mainlands Blvd. CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33782 Pinellas Park. FL 33782 Addition | Delete TITLE VP / D \_\_\_Change TITLE COPELLO, LAWRENCE NAME NAME Jones, Pat STREET ADDRESS STREET ADDRESS 9800 45TH WAY 9364 45th Street N. CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33782 Pinellas Park. FL 33782 ☐ Delete TITLE ☐ Change ☐ Addition HILL, CAROLYN STREET ADDRESS STREET ADDRESS 9800 WAY CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK, FL 00000 TITLE ☐ Detete ☐ Change ☐ Addition NAME PEGNETTER, JACK NAME STREET ADDRESS STREET ADDRESS 9359 45TH ST CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33782 TITLE TITLE Delete Addition NAME DUFFIELD, CLYDE NAME STREET ADDRESS 9673 MAINLANDS BLVD. STREET ADDRESS CITY-ST-ZIP City-ST-7IP PINELLAS PARK FL 33782 12. I hereby certify that the information supplied with this filling 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