

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90199 022 \*\*\*\*61.25

**DOCUMENT # 719576**

1. Entity Name

**MAINLANDS OF TAMARAC BY THE GULF UNIT NO. 1 ASSO  
CIATION, INC.**



Principal Place of Business

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

Mailing Address

**10161 49TH ST., N.  
PINELLAS PARK FL 34666  
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 Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FL CENTRAL MANAGEMENT  
2430 ESTANCIA BOULEVARD  
SUITE 114  
CLEARWATER FL 33761**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete  
NAME ANDERSON ALLEN J.  
STREET ADDRESS 9620 45TH WAY  
CITY-ST-ZIP PINELLAS PARK FL 33782

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete  
NAME PALMISANO, GASPER  
STREET ADDRESS 4421 98TH AVE N  
CITY-ST-ZIP PINELLAS PARK FL 33782

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPD ☐ Delete  
NAME JONES, PAT  
STREET ADDRESS 9364 45TH ST N  
CITY-ST-ZIP PINELLAS PARK FL 33782

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S ☐ Delete  
NAME HILL, CAROLYN  
STREET ADDRESS 9800 WAY  
CITY-ST-ZIP PINELLAS PARK, FL 00000

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete  
NAME PEGNETTER, JACK  
STREET ADDRESS 9359 45TH ST  
CITY-ST-ZIP PINELLAS PARK FL 33782

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P ☐ Delete  
NAME DUFFIELD, CLYDE  
STREET ADDRESS 9673 MAINLANDS BLVD.  
CITY-ST-ZIP PINELLAS PARK FL 33782

☐ Change ☐ Addition  
TITLE  
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*

4/9/03

727-576-5825

CR2E037 (10/02)