

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723475

1. Entity Name

MAINLANDS OF TAMARAC SECTION SEVEN, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90085 048 \*\*\*\*70.00

Principal Place of Business

Mailing Address

4914 N.W. 57TH ST.  
TAMARAC FL 33319-2846

4914 N.W. 57TH ST.  
TAMARAC FL 33319-2846

2. Principal Place of Business

3. Mailing Address

Same

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7079270

Applied For

Not Applicable

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

REID, PAULINE  
5703 NW 48 TERR  
TAMARAC FL 33319

Name

Ruth Chipman

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

5702 NW 48th Ave.

Tamarac

City

Tamarac

FL

Zip Code

33319

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

*Ruth Chipman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ASTD  
HAYES, ANNE  
5710 N.W. 48TH WAY  
TAMARAC, FL 00000

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
REID, PAULINE  
5703 NW 48 TERR  
TAMARAC FL 33319

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Ruth Chipman  
5702 NW 48th Ave.  
Tamarac, FL 33319  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
FRISIello, MARIE  
5000 NW 58TH ST  
TAMARAC FL 33319

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
EDELSON, CEIL  
5805 NW 48 WAY  
TAMARAC FL

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WORLEY, DAWN  
4920 NW 58TH ST  
TAMARAC FL 33319

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
Bea Bilderback  
4910 NW 58th ST  
Tamarac, FL 33319  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
PANNONE CARMEL  
4919 NW 58TH STREET  
TAMARAC FL

☐ Delete

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

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:

*Ruth Chipman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00 (954) 739-2384