

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723475

1. Entity Name

MAINLANDS OF TAMARAC SECTION SEVEN, INC.

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90486 006 ****70.00

Principal Place of Business

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

Mailing Address

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

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 **23-7079270**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHIPMAN, RUTH
5703 NW 48 TERR
TAMARAC FL 33319

7. Name and Address of New Registered Agent

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

Ruth Chipman

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

(NOTE: Registered Agent signature required when reinstating)

6/10/02

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
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
PD
CHIPMAN, RUTH
5703 NW 48 TERR
TAMARAC FL 33319 ☐ Delete

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
D
SCHREINER, BEA
4908 NW 58TH ST
TAMARAC FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BILDERBACK, BEA
4910 NW 58TH ST
TAMARAC FL 33319 ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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

6/10/02

Daytime Phone #

CR2E037 (9/01)

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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CITY-ST-ZIP	TAMARAC, FL 00000
TITLE	PD
NAME	CHIPMAN, RUTH
STREET ADDRESS	5703 NW 48 TERR
CITY-ST-ZIP	TAMARAC FL 33319
TITLE	SD
NAME	FRISIELLO, MARIE
STREET ADDRESS	5000 NW 58TH ST
CITY-ST-ZIP	TAMARAC FL 33319
TITLE	D
NAME	SCHREINER, BEA
STREET ADDRESS	4908 NW 58TH ST
CITY-ST-ZIP	TAMARAC FL 33319
TITLE	VD
NAME	BILDERBACK, BEA
STREET ADDRESS	4910 NW 58TH ST
CITY-ST-ZIP	TAMARAC FL 33319
TITLE	ID
NAME	PANNONE CARMEL
STREET ADDRESS	4919 NW 58TH STREET
CITY-ST-ZIP	TAMARAC FL

☐ Delete

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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SIGNATURE

Ruth Chipman

6/10/02

Attachment
869 415

DO NOT WRITE IN THIS SPACE

6-12-02
Please mail Certificate to:

C. L. Pannone

