

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91058 023 \*\*\*\*61.25

**DOCUMENT # 723475**

1. Entity Name

**MAINLANDS OF TAMARAC SECTION SEVEN, INC.**



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  
**Same**

3. Mailing Address  
**4919 NW 58th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Tamarac, FL**

Zip

Country

Zip

**33319**

Country

**Broward**

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

**CHIPMAN, RUTH  
5703 NW 48 TERR  
TAMARAC FL 33319**

Name

**Pauline Reid**

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

**5703 NW 48th Ter.**

City

**Tamarac, FL**

**FL**

Zip Code

**33319**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ASTD HAYES, ANNE 5710 N.W. 48TH WAY TAMARAC, FL 00000</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD CHIPMAN, RUTH 5703 NW 48 TERR TAMARAC FL 33319</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD FRISIELLO, MARIE 5000 NW 58TH ST TAMARAC FL 33319</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SCHREINER, BEA 4908 NW 58TH ST TAMARAC FL 33319</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD BILDERBACK, BEA 4910 NW 58TH ST TAMARAC FL 33319</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD PANNONE CARMEL 4919 NW 58TH STREET TAMARAC FL</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

**SIGNATURE REQUIRED**

CR2E037 (10/02)