

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738584

1. Entity Name

TRI CITY APARTMENT ASSOCIATION, INC.

Principal Place of Business

4509 GEORGE RD.
TAMPA FL 33634
US

Mailing Address

4509 GEORGE RD.
TAMPA FL 33634-7353
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2404481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERM, CECILY L
4509 GEORGE RD
TAMPA FL 33634

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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, LORIE	
STREET ADDRESS	2305 46TH AVE. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PPD	<input type="checkbox"/> Delete
NAME	LIBBY DEVENNY	
STREET ADDRESS	4012 14TH AVE. E.	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHEFFSKY, SHAWN	
STREET ADDRESS	5124 VIVIAN PLACE	
CITY-ST-ZIP	TAMPA FL 33619-5344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWKINS, CATHY	
STREET ADDRESS	3516 CORONADO DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Cathy Hawkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-00 941-921-4656

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

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