

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90124 003 ****61.25

DOCUMENT # 743049

1. Entity Name

SEMINOLE-HILL VILLAS RESIDENT MANAGEMENT ASSOCIA

Principal Place of Business

Mailing Address

**%RAMPART PROPERTIES, INC.
 10033 -9TH ST N- 2ND FLR
 SAINT PETERSBURG FL 33716**

**%RAMPART PROPERTIES, INC.
 10033 -9TH ST N- 2ND FLR
 SAINT PETERSBURG FL 33716**

A0046630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1840237

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SMITH, BRIAN K
 %RAMPART PROPERTIES
 10033 -9TH ST N- 2ND FLR
 SAINT PETERSBURG FL 33716**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ABBATIELLO, PATRICIA	
STREET ADDRESS	10033 -9TH ST N- 2ND FLR	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOLLATTSHECK, ALICE	
STREET ADDRESS	10033 -9TH ST N- 2ND FLR	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE	TD	<input type="checkbox"/> Delete
NAME	UNDERHILL, EARL	
STREET ADDRESS	10033 -9TH ST N- 2ND FLR	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PEABODY, ART	
STREET ADDRESS	10033 -9TH ST N- 2ND FLR	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GERHART, KATHY	
STREET ADDRESS	10033 -9TH ST N- 2ND FLR	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gollattscheck, Alice	
STREET ADDRESS	10033 9th St. North 2nd Fl.	
CITY-ST-ZIP	St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kreater, Earl	
STREET ADDRESS	10033 9th St. North	
CITY-ST-ZIP	St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McMakin, Charles	
STREET ADDRESS	10033 9th St. North	
CITY-ST-ZIP	St. Petersburg, FL 33716	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____

HENRY J. KRATER 4/5/01 (727) 319-2881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)