

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90009 017 \*\*\*\*61.25

0012037

DOCUMENT # 749561

1. Entity Name

TERRACE PARK OF FIVE TOWNS, NO. 19, INC.

*UK*

Principal Place of Business

5970-80TH ST NORTH  
 ST PETERSBURG FL 33709

Mailing Address

5970-80TH ST NORTH  
 ST PETERSBURG FL 33709

**C0075884**



DO NOT WRITE IN THIS SPACE

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 **59-2142863**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ROCHOWIAK, JOHN H.  
 5970 80TH ST. N.  
 ST. PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 5970 80th St. N. #  
 City *St. Petersburg* FL Zip Code *33709*

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**  
**After September 12, 2001, min. will be \$236.25**

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  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
**BURKE, RAYMOND H**  
**5970 - 80TH ST., N., #101**  
**ST PETERSBURG FL**

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**GILJE, PAUL**  
**5970 80TH ST. N. #403**  
**ST PETERSBURG FL 33709**

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**GIRVIN, LORI**  
**5970 - 80TH ST., N., #312**  
**ST PETERSBURG FL**

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**GOLDBACH, RICHARD**  
**5970 80TH ST. N. #103**  
**ST. PETERSBURG FL**

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
**President/Director**  
**BARTON, ANNE MARIE**  
**5970 ST NO #409**  
**SAINT PETERSBURG FL 33709**

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Reynolds, George**  
**5970 80th St. No 4415**  
**St Petersburg FL 33709**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
**BURKE, Raymond H.**  
**5970 80th St. No #101**  
**St. Petersburg, FL 33709**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**Chubbs, Douglas C.**  
**5970 80th St. No #308**  
**St Petersburg FL 33709**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**KYLE, Wm. C.**  
**5970 80th St. No #201**  
**St Petersburg FL 33709**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**Schwarz, Wilda**  
**5970 80th St. No**  
**St. Petersburg FL 33709**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**Barton Ann Marie**  
**5970 80th St. No. #409**  
**St Petersburg FL 33709**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP**  
**Michael Lawrence F.**  
**5970 80th St. No. #202**  
**St Petersburg FL 33709**

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: *RAYMOND H BURKE* *8/6/01* 727-546-8801

CR2E037 (5/01)