

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90306 025 \*\*\*\*70.00

**DOCUMENT # 751700**

1. Entity Name

**SEVENTIETH SOMERSET PLACE, INC.**



Principal Place of Business

**1300-1816 70TH ST., NO.  
ST PETERSBURG FL 33710  
US**

Mailing Address

**P.O. BOX 41383  
ST. PETERSBURG FL 33743-1383  
US**

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 **59-1822316**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MICHEL, PETER  
1432 70TH ST. N  
ST PETE FL 33710**

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. 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 **SD** ☐ Delete  
NAME **KEY, BETTY**  
STREET ADDRESS **1370 70TH ST N**  
CITY-ST-ZIP **ST PETE FL 33710**

TITLE **PD** ☐ Delete  
NAME **MICHEL, PETER**  
STREET ADDRESS **1432 70TH ST N**  
CITY-ST-ZIP **ST PETE FL 33710**

TITLE **TD** ☒ Delete  
NAME **THOMAS, DANA**  
STREET ADDRESS **1566 70 ST N**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **VD** ☐ Delete  
NAME **BULGER, GAIL**  
STREET ADDRESS **1342 70TH STREET NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition  
NAME **ARROLO, ROSA**  
STREET ADDRESS **1502 70th ST N**  
CITY-ST-ZIP **ST PETE, FL 33710**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Peter B. Michel* **PETER B MICHEL**

*President*

Date **4/18/03**

Daytime Phone # **727 345 8989**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)