

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90061 001 \*\*\*\*\*8.75  
 05-26-2000 90061 002 \*\*\*\*\*61.25

**DOCUMENT #** 755172  
**1. Entity Name**  
 PINELLAS CASCADE MOBIL HOME OWNERS CIVIC  
 ASSOCIATION INC.

**Principal Place of Business** 7942 71st Way N  
 PINELLAS-PK FL 33781  
**Mailing Address** 7811 72nd way n  
 PINELLAS-PK, FL 33781

**2. Principal Place of Business** 7990 73 RD WAY N  
 Suite, Apt. #, etc.  
**3. Mailing Address** 7990 73 RD WAY N  
 Suite, Apt. #, etc.

**City & State** PINELLAS PK FL  
**Zip** 33781  
**Country** U.S.

**4. FEI Number** 59-2461260  
**Applied For** Not Applicable  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Reed W. Eckerle  
 7942 71st Way N  
 Pinellas Park FL, 33781

**7. Name and Address of New Registered Agent**  
 Name DONALD R COLVIN  
 Street Address (P.O. Box Number is Not Acceptable) 7990 73RD WAY N  
 City PINELLAS PARK FL Zip Code 33781

**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** DONALD R COLVIN *Donald R Colvin* 5/20/00  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution. **Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD <b>NAME</b> REED W, ECKERLE <b>STREET ADDRESS</b> 7942 71st Way N <b>CITY-ST-ZIP</b> PINELLAS PARK FL 33781	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>
<b>TITLE</b> VPD <b>NAME</b> JEANNE S. MADISON <b>STREET ADDRESS</b> 7237 79th TERR.N <b>CITY-ST-ZIP</b> PINELLAS PARK FL 33781	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>
<b>TITLE</b> SD <b>NAME</b> MARYLU BENNETT <b>STREET ADDRESS</b> 7811 72nd way N <b>CITY-ST-ZIP</b> PINELLAS PARK FL 33781	<input type="checkbox"/> Delete
<b>TITLE</b> TRES <b>NAME</b> TIM DOLAN <b>STREET ADDRESS</b> 8003 72nd way N <b>CITY-ST-ZIP</b> PINELLAS PARK FL 33781	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>
<b>TITLE</b> M <b>NAME</b> BERT FRANK <b>STREET ADDRESS</b> 7935 73rd st N <b>CITY-ST-ZIP</b> PINELLAS PARK FL 33781	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>
<b>TITLE</b> M <b>NAME</b> WALT SCHAUMAKER <b>STREET ADDRESS</b> 8015 73rd st N <b>CITY-ST-ZIP</b> PINELLAS PARK FL 33781	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b> PDM <b>NAME</b> DONALD R COLVIN <b>STREET ADDRESS</b> 7990 73 RD WAY N <b>CITY-ST-ZIP</b> PINELLAS PARK FL 33781	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> VPD <b>NAME</b> TIM DOLAN <b>STREET ADDRESS</b> 8003 72nd st N <b>CITY-ST-ZIP</b> PINELLAS PARK FL 33781	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TRES <b>NAME</b> TRESRON-WILSON <b>STREET ADDRESS</b> 7321 81st terrace n <b>CITY-ST-ZIP</b> PINELLAS PARK FL 33781	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> M <b>NAME</b> GARY CHOANIN <b>STREET ADDRESS</b> 7398 81st terrace N <b>CITY-ST-ZIP</b> PINELLAS PARK FL 33781	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input 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:** DONALD R COLVIN *Donald R Colvin* 5/20/00 727-547-5128

CR2E037 (9/99)