

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760343

1. Entity Name

VIRGINIA PALMS VILLAS CONDOMINIUM ASSOCIATION, I

Principal Place of Business

706 VIRGINIA DR.  
BRADENTON FL 34205

Mailing Address

6905 PINE VALLEY ST.  
BRADENTON FL 34202  
US

2. Principal Place of Business

702 VIRGINIA DR

3. Mailing Address

5726 28th St E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL 34205

City & State

BRADENTON FL

4. FEI Number

59-2185867

Applied For

Not Applicable

Zip  
34205

Country  
USA

Zip  
34203

Country  
USA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WELLS, KIM  
2506 MANATEE AVENUE W  
BRADENTON FL 34205

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  
NAME CHANDLER, ALFRED ☒ Delete  
STREET ADDRESS 704 VIRGINIA DR  
CITY-ST-ZIP BRADENTON FL 34205

TITLE VD  
NAME GOSS, ANN ☐ Delete  
STREET ADDRESS 708 VIRGINIA DR  
CITY-ST-ZIP BRADENTON FL 34205

TITLE STD  
NAME PASCUZZI, JOYCE ☒ Delete  
STREET ADDRESS 708 VIRGINIA DR  
CITY-ST-ZIP BRADENTON FL 34205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD ☐ Change ☒ Addition  
NAME DICK, PERRY  
STREET ADDRESS 6819 9th AVE NW  
CITY-ST-ZIP BRADENTON, FL 34209

TITLE ~~STD~~ TR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS TR  
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition  
NAME Thomas Richardson  
STREET ADDRESS 702 VIRGINIA DR  
CITY-ST-ZIP BRADENTON, FL 34203

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

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

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

THOMAS RICHARDSON

01/15/01

941-727-7012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 08, 2001 8:00 am  
Secretary of State

03-08-2001 90075 006 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)