

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90002 013 ****61.25

DOCUMENT # 768007

1. Entity Name

SOUTHERN COMFORT TENANTS ASSOCIATION INC.

Principal Place of Business

Mailing Address

24479 US 19 N
~~LOT 185~~ 519
 CLEARWATER FL 33763
 US

24479 US 19 N
~~LOT 185~~ 519
 CLEARWATER FL 33763
 US

2. Principal Place of Business

3. Mailing Address

Southern Comfort

24479 US 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LOT 519

City & State

City & State

CLW FL

4. FEI Number

59-2400139

Applied For

Not Applicable

Zip

Country

Zip

Country

33763

US

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

NECE, RONALD F
24479 U.S. 19 N., LOT 519
CLEARWATER FL 33763

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **MASELLI, NORMAN**
 CITY-ST-ZIP **24479 US 19 N LOT 720**
CLEARWATER FL 33763

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **KRAUSE, BARBARA**
 CITY-ST-ZIP **24479 US 19N LOT 113**
CLEARWATER FL 33763

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **COLE, FRED**
 CITY-ST-ZIP **24479 US HWY 19, LOT 103**
CLEARWATER FL 33763

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **COLE, FRED**
 CITY-ST-ZIP **24479 US 19 N LOT 103**
CLEARWATER FL

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TESMPVICK, GEORGE**
 CITY-ST-ZIP **24479 US HWY 19 N LOT 430**
CLEARWATER FL 33763

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NECE, RONALD**
 CITY-ST-ZIP **24479 US HWY 19 N LOT 519**
CLEARWATER FL 33763

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:

SIGNATURE: RONALD F. NECE

8-1-01 727-725-1074

CR2E037 (5/01)