

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90047 006 ***150.00

DOCUMENT # J64279

1. Entity Name
LINDRICK REALTY AT GULF LANDINGS, INC.

Principal Place of Business

**4925 CROSS BAYOU BLVD.
P.O. BOX 1176
NEW PORT RICHEY FL 34652**

Mailing Address

**4925 CROSS BAYOU BLVD.
P.O. BOX 1176
NEW PORT RICHEY FL 34652**

2. Principal Place of Business

5245 U.S. Hwy. 19 N.

Suite, Apt. #, etc.

3. Mailing Address

5245 U.S. Hwy. 19 N.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

Zip

34652

Country

Zip

34652

Country

4. FEI Number **59-2796168**

Applied For

Not Applicable

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

**BORDA, JOSEPH
4925 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652**

Name

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

5245 U.S. Hwy. 19 N.

City

New Port Richey

FL

Zip Code

34652

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

4-30-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
NAME **BORDA, JOSEPH R.**
STREET ADDRESS **4925 CROSS BAYOU BLVD.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☒ Change ☐ Addition
NAME **5245 U.S. Hwy. 19 N.**
STREET ADDRESS **New Port Richey, FL**
CITY-ST-ZIP **34652**

TITLE **D** ☐ Delete
NAME **BORDA, MARLENE B.**
STREET ADDRESS **4925 CROSS BAYOU BLVD.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☒ Change ☐ Addition
NAME **5245 U.S. Hwy. 19 N.**
STREET ADDRESS **New Port Richey, FL**
CITY-ST-ZIP **34652**

TITLE **PD** ☐ Delete
NAME **MOUNTAIN, MARGARET E.**
STREET ADDRESS **4925 CROSS BAYOU BLVD.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☒ Change ☐ Addition
NAME **5245 U.S. Hwy. 19 N.**
STREET ADDRESS **New Port Richey, FL**
CITY-ST-ZIP **34652**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

727-844-2266

Daytime Phone #

CR2E034 (10/00)