# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 01, 2000 8:00 am**
**Secretary of State**
03-01-2000 90002 018 ****61.25

DOCUMENT # N03464

1. Entity Name

TERRACE PARK OF FIVE TOWNS NO. 29, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8174 TERRACE GARDEN DRIVE. NORTH<br>ST. PETERSBURG FL 33709 | 8174 TERRACE GARDEN DRIVE. NORTH<br>ST. PETERSBURG FL 33709-7074 |

DO NOT WRITE IN THIS SPACE

| 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 59-2894958 ☐ 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 |
|---|---|
| GUTIERREZ, MARCELINO<br>8174 TERR GARDEN DRIVE. N., APT 411<br>ST. PETERSBURG FL 33709 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ALLEN, HERB<br>8174 TERRACE GDN DR N<br>ST PETERSBURG FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>WHITTINGTON, CHARLES<br>8174 TERRACE GARDEN DR NO<br>ST PETERSBURG FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CADORETTE, HENRY<br>817 TERRACE GARDEN DR N<br>ST PETERSBURG FL 33709 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MARCELINO GUTIERREZ<br>8174 TERRACE GDN. DR. NO<br>ST. PETERSBURG FL 33709 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HERBERT, CHARLES<br>8174 TERR GARDEN DR N<br>ST. PETERSBURG FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>FRANCESCA OLMA<br>8174 TERRACE GDN. DR. NO.<br>ST. PETERSBURG FL 33709 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MANLEY, MILFORD<br>8174 TERRACE GARDEN DR. NORTH<br>ST.PETERSBURG FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>SAM HARDY<br>8174 TERRACE GDN. DR. NO<br>ST. PETERSBURG FL. 33709 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LODER, LOUISE<br>8174 TERRACE GARDEN DR NO<br>ST PETERSBURG FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NATALIE MENOLI<br>8174 TERRACE GDN. DR NO<br>ST. PETERSBURG FL. 33709 | ☒ Change ☐ Addition |

CR2E037 (9/99)

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:** Marcelino Gutierrez Feb 20, 2000 -827-5440728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #