

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12161

1. Entity Name

OLD HYDE PARK VILLAGE MARKETING FUND, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90250 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1507 W SWANN AVE  
TAMPA FL 33606  
US

P. O. BOX 3244  
TAMPA FL 33601-3244  
US

2. Principal Place of Business

748 S. Village Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2606333

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

WESTERHOUSE, PATRICIA D  
1507 W. SWANN AVE.  
TAMPA FL 33606

Name

Street Address (P.O. Box Number is Not Acceptable)  
748 S. Village Circle

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 PD ☐ Delete  
NAME WESTERHOUSE, PATRICIA D.  
STREET ADDRESS 1507 W SWANN AVE  
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 748 S. Village Circle  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME ESTREM, CRAIG  
STREET ADDRESS 900 BAKER BLDG. 706 2ND AVE S.  
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11100 Wayzata Blvd., Suite 601  
CITY-ST-ZIP Minnetonka, MN 55305

TITLE S ☒ Delete  
NAME GLADFELTER, LESLIE  
STREET ADDRESS 1023 MANATEE AVE W  
CITY-ST-ZIP BRADENTON FL 34206

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

TITLE VPD ☐ Delete  
NAME SANDLER, JESSICA B  
STREET ADDRESS 1507 W SWANN AVE  
CITY-ST-ZIP TAMPA FL

TITLE SD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 748 S. Village Circle  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME MITCH, LOUIS C  
STREET ADDRESS 7 WEST SEVENTH ST.  
CITY-ST-ZIP CINCINNATI OH 45202

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Patricia D. Westerhouse* Patricia D. Westerhouse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-00 813-251-3500

CR2E037 (9/99)