

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAY 11 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N19115

1. Entity Name

Willow Greens Home Owners Association

Principal Place of Business

Mailing Address

Rampart Properties
10033 9th Street N, 2nd Floor
St. Petersburg, FL 33716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0054270

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

Brian Smith
Rampart Properties
10033 9th Street N.
2nd Floor
St. Petersburg, FL 33716

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

4/2/00

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 P/D
NAME Tor Fridlund
STREET ADDRESS 10033 9th Street N. 2nd Floor
CITY-ST-ZIP St. Petersburg, FL 33716

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VP/D
NAME Michael Westropp
STREET ADDRESS 10033 9th Street N., 2nd Floor
CITY-ST-ZIP St. Petersburg, FL 33716

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S/D
NAME Francine Vaux
STREET ADDRESS 10033 9th Street N., 2nd Floor
CITY-ST-ZIP St. Petersburg, FL 33716

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T/D
NAME Allan Moir
STREET ADDRESS 10033 9th Street N., 2nd Floor
CITY-ST-ZIP St. Petersburg, FL 33716

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME Dennis Devlin
STREET ADDRESS 10033 9th Street N., 2nd Floor
CITY-ST-ZIP St. Petersburg, FL 33716

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME John Lundquist
STREET ADDRESS 10033 9th Street N., 2nd Floor
CITY-ST-ZIP St. Petersburg, FL 33716

☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-00

727/584-8824

KE

CR2E037 (9/99)