

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N22314**

1. Entity Name

UNITED OWNERS OF PARC VENDOME II, INC.

Principal Place of Business

C/O RICHARD A. ZACUR. ESO
PO BOX 14409
ST. PETERSBURG FL 33733

Mailing Address

C/O RICHARD A. ZACUR. ESO
PO BOX 14409
ST. PETERSBURG FL 33733

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

59-2542925

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ZACUR, RICHARD A.
5200 CENTRAL AVENUE
PO BOX 14409
ST. PETERSBURG FL 33733

7. Name and Address of New Registered Agent

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**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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
SANTEE, ANNABELLE M.
211 PASADENA AVE N107
ST. PETERSBURG FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
GERBER, LILLIAN
211 PASADENA AVE N107
ST. PETERSBURG FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
CONDON, MARY LOUISE
211 PASADENA AVE N107
ST. PETERSBURG FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Date

Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90104 024 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)