2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 15, 2001 8:00 am Secretary of State **DOCUMENT # N30953** 1. Entity Name TAMPA PALMS UNIT 4B OWNER'S ASSOCIATION, INC. 02-15-2001 90033 014 ****61.25 Mailing Address Principal Place of Business 7001 TEMPLE TERRACE HWY 7001 TEMPLE TERRACE HWY **TEMPLE TERRACE FL 33637** TEMPLE TERRACE FL 33637 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2939180 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MEZER, STEVEN H 1212 COURT ST. SUITE B City Zip Code **CLEARWATER FL 34616** 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 DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition VP/D ☐ Delete TITLE EDWARD, WILLIAM NAME NAME STREET ADDRESS 15841 SANCTUARY DRIVE STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP **TAMPA FL 33647** Change ☐ Addition P/D TITLE ☐ Delete TITLE WHITE, ROBERT NAME NAME 15876 SANCTUARY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 Addition ☐ Delete TITLE **S/D** Change TITLE NAME WILSON, MAGGIE F NAME STREET ADDRESS 15808 SANCTUARY DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33647** TD ☐ Change ☐ Addition Delete -TITLE HENNE, JOHN NAME STREET ADDRESS 15807 SERENITY CIR. STREET ADDRESS CITY-ST-ZiP **TAMPA FL 33647** CITY-ST-ZIP TITLE ☐ Delete D _Change Addition HENRIETTA, MARTIN NAME STREET ADDRESS 15840 SANCTUARY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE REQUIRED R. C. WHITE 1/13/200, 813-977-398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Descripte Phone #