

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90014 033 ****70.00

DOCUMENT # N45144

1. Entity Name

WELLCARE CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

125 PATRICIA AVE.
 UNITS A & B
 DUNEDIN FL 34698
 US

125 PATRICIA AVE.
 UNITS A & B
 DUNEDIN FL 34698
 US

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 **59-3106201**

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

GLEICHOWSKI, DANIEL E
3254 MASIRS DR
CLEARWATER FL 33761

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 **DV** ☐ Delete
 NAME **JONES, DOUGLAS L.**
 STREET ADDRESS **1622 HERMOSA DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE **DT** ☐ Delete
 NAME **JONES, SAUNDRA L.**
 STREET ADDRESS **1622 HERMOSA DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE **DP** ☐ Delete
 NAME **GLEJCHOWSKI, DANIEL E**
 STREET ADDRESS **3254 MASTERS DR**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

SIGNATURE REQUIRED

8/1/01 (727) 785-8700

CR2E037 (10/00)

Attachment

To Whom It May Concern: #NV5/44 774468

The Uniform Business Report for the Wellcare Center Condo Assoc, Inc. was accidentally misplaced. It just came to my attention that this report had not been filed for this year. Please forgive our tardiness, I don't want our corporation status to be dissolved or revoked, so here's our UBR with our filing fee. Thank you for your understanding.

Sincerely,
Saundra L. Jones