

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90065 020 ****61.25

DOCUMENT # N96000001675

1. Entity Name

RENTER'S ASSOCIATION MOBEL AMERICANA (RAMA) INC.

Principal Place of Business

Mailing Address

7108 MT. GEORGETOWN DRIVE N.E.
 ST. PETERSBURG FL 33702

7108 MT. GEORGETOWN DRIVE N.E.
 ST. PETERSBURG FL 33702-6028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3427142

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

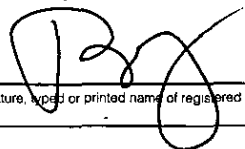
7. Name and Address of New Registered Agent

MCLACHLAN, BRYAN K
9750 SEMINOLE BOULEVARD
SEMINOLE FL 33772

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

3.5.00

**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	PCD	<input type="checkbox"/> Delete
NAME	BALLENTINE, CLEVELAND	
STREET ADDRESS	100 MT. CURVE AVENUE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NORCROSS, RICHARD O	
STREET ADDRESS	7108 MT. GEORGETOWN DRIVE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GILLIES, LINDA	
STREET ADDRESS	7181 MT HAWTHORNE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	S	<input type="checkbox"/> Delete
NAME	NORCROSS, CAROLYN M	
STREET ADDRESS	7108 MT. GEORGETOWN DRIVE N.E.	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	T	<input type="checkbox"/> Delete
NAME	SEITZ, JEAN	
STREET ADDRESS	6702 AMERICANA DRIVE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Dunn	
STREET ADDRESS	7006 Mt. DeLeon Rd. N.E.	
CITY-ST-ZIP	St. Petersburg FL 33702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

CLEVELAND BALLENTINE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.1.00

Date

Daytime Phone #

CR2E037 (9/99)