

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90016 003 ****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

2. Principal Place of Business

6820 Americana Drive

3. Mailing Address

6820 Americana Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg Florida

City & State

St. Petersburg Florida

Zip

33702

Country

USA

Zip

33702

Country

USA

4. FEI Number

59-3427142

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MCLACHLAN, BRYAN K
 9750 SEMINOLE BOULEVARD
 SEMINOLE FL 33772

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PCD	BALLENTINE, CLEVELAND	100 MT. CURVE AVENUE N.E. ST. PETERSBURG FL 33702	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VPD	NORCROSS, RICHARD O	7108 MT. GEORGETOWN DRIVE N.E. ST. PETERSBURG FL 33702	<input checked="" type="checkbox"/>		VPD	Dunn, John 7006 Mt. Deleon Road St. Petersburg FL 33702		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	VPD	DUNN, JOHN	7006 MT DELEON RD NE SAINT PETERSBURG FL 33702	<input checked="" type="checkbox"/>		VPD	FISHER, RICHARD 315 Mt. Saxon Ave. N.E. St. Petersburg FL 33702		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	S	NORCROSS, CAROLYN M	7108 MT. GEORGETOWN DRIVE N.E. ST PETERSBURG FL 33702	<input checked="" type="checkbox"/>		S	BARBUSH, GERALDINE 6820 AMERICANA DR St. Petersburg FL 33702		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	T	SEITZ, JEAN	6702 AMERICANA DRIVE N.E. ST. PETERSBURG FL 33702	<input checked="" type="checkbox"/>		T	BEGIN, PAULINE 110 MT. CURVE AVE. N.E. ST. PETERSBURG FL 33702		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

1.14.01

Date Daytime Phone #

CR2E037 (10/00)