

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90206 036 ****70.00

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1. Entity Name

RENTER'S ASSOCIATION MOBEL AMERICANA (RAMA) INC.



Principal Place of Business

**110 NT CURVE AVENUE
ST. PETERSBURG FL 33702**

Mailing Address

**6820 AMERICAN DRIVE
ST. PETERSBURG FL 33702**

2. Principal Place of Business

110 MT. CURVE AVE N.E.

3. Mailing Address

110 MT CURVE AVE NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL.

City & State

ST PETERSBURG FLORIDA

Zip

33702

Country

PINELLAS

Zip

33702

Country

PINELLAS

6. Name and Address of Current Registered Agent

**MCLACHLAN, BRYAN K
9750 SEMINOLE BOULEVARD
PO BOX 7427
SEMINOLE FL 33772**

7. Name and Address of New Registered Agent

Name
BRYAN

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **2VP** ☐ Delete
NAME **DI, JEAN**
STREET ADDRESS **300 MT. PINEY AVENUE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **PD** ☐ Delete
NAME **DUNN, JOHN**
STREET ADDRESS **7006 MT DELEON ROAD**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE **FVD** ☐ Delete
NAME **WIESER, CONRAD**
STREET ADDRESS **7228 MT. JUPITER**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **ST** ☒ Delete
NAME **BARBUSH, GERALDINE**
STREET ADDRESS **6820 AMERICAN DR**
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **TT** ☐ Delete
NAME **BEGIN, PAULINE**
STREET ADDRESS **110 MT CURVE AVE N E**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE **2VP** ☐ Delete
NAME **Margaret Lederhouse**
STREET ADDRESS **651 MT Key Ave**
CITY-ST-ZIP **ST PETERSBURG FL 33702**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **1ST VP** ☒ Change ☐ Addition
NAME **JEAN DION**
STREET ADDRESS **300 MT. PINEY**
CITY-ST-ZIP **ST PETERSBURG FLORIDA 33702**

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

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **CONRAD WIESE**
STREET ADDRESS **7228 MT. JUPITER**
CITY-ST-ZIP **ST PETERSBURG FLORIDA 33702**

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

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

TITLE ☐ Change ☐ 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: **PAULINE BEGIN** 1-15-03 (927) 528-2785

CR2E037 (10/02)