

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001542

f. Entity Name

TERRA CEIA MANOR TENANTS ASSOCIATION, INC.

FILED

Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90231 002 ****61.25

Principal Place of Business

5619 BAYSHORE RD ~~LOT # 433~~
PALMETTO FL 34221

Mailing Address

5619 BAYSHORE RD ~~LOT # 433~~
PALMETTO FL 34221

114034



DO NOT WRITE IN THIS SPACE

65-0999209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

☒ 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

DANDER, ROSAILE
5619 BAYSHORE RD #145
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name RICHARD L. CAMPBELL

Street Address (P.O. Box Number is Not Acceptable)

5619 BAYSHORE RD LOT # 433

City PALMETTO

FL

Zip Code 34221

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

Richard L Campbell

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DANDER, ROSAILE	
STREET ADDRESS	5619 BAYSHORE RD 145	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CRANCE, GERALD	
STREET ADDRESS	5619 BAYSHORE RD 351	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KELLY, CHARLES	
STREET ADDRESS	5619 BAYSHORE RD 143	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRYANT, WESLEY	
STREET ADDRESS	5619 BAYSHORE RD 130	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWEINSBERG, GLORIA	
STREET ADDRESS	5619 BAYSHORE RD 312	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD L. CAMPBELL	
STREET ADDRESS	5619 BAYSHORE RD # 433	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERRY CRANCE #351	
STREET ADDRESS	5619 BAYSHORE RD	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESLEY BRYANT	
STREET ADDRESS	5619 BAYSHORE RD # 130	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNA COOPER	
STREET ADDRESS	5619 BAYSHORE RD # 135	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLORIA SCHWEINSBERG	
STREET ADDRESS	5619 BAYSHORE RD # 312	
CITY-ST-ZIP	PALMETTO FL 34221	
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 the empowered.

SIGNATURE:

Richard L Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

941-772-9614

Daytime Phone #

CR2E037 (10/00)