

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000022210****1. Entity Name**
BOULEVARD TOWNHOMES, INC.**Principal Place of Business**
2513 GULF BOULEVARD
INDIAN ROCKS BEACH FL 33785**Mailing Address**
2513 GULF BOULEVARD
INDIAN ROCKS BEACH FL 33785**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

59-3634882

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**HERSEM, THOMAS G
1421 COURT STREET
SUITE B
CLEARWATER FL 33756**7. Name and Address of New Registered Agent**

Name

Anita R. GREENBERG

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

2513 N. Gulf Blvd.

City

Indian Rocks Beach

FL

Zip Code

33785

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** Anita R. Greenberg, Secy. 4/15/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****TITLE** PD ☐ Delete
NAME GREENBERG, BERNARD Z
STREET ADDRESS POST OFFICE BOX 248
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785**TITLE** STD ☐ Delete
NAME GREENBERG, ANITA R
STREET ADDRESS POST OFFICE BOX 248
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** Anita R. Greenberg Anita R. GREENBERG

Date

Daytime Phone #

4/15/2001 727-595-3480



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)