

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90014 016 \*\*\*\*61.25

**DOCUMENT # 715887**

1. Entity Name

**WINSTON GATEWAY ASSOCIATION, INC.**

Principal Place of Business: **1000 79TH AVE NORTH #210 ST PETERSBURG FL 33702**  
 Mailing Address: **7601-9TH STREET NORTH SUITE C ST. PETERSBURG FL 33702-5200 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business, Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address, Suite, Apt. #, etc. City & State Zip Country  
**C-1**

4. FEI Number **59-1509698** Applied For  Not Applied For

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TYLER, SHIRLEY A. 7801 11TH ST N #301 ST PETERSBURG FL 33702**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP SAVERWEIN, MILDRED 7801 11TH ST. N. #106 ST. PETERSBURG FL 33702-1113</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD KOONS, SHIRLEY L. 1000 79TH AVE. N. #210 ST PETERSBURG, FL 00000-33702-1113</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD ANTHONY, DEPALMER 1001 77TH AVE N #105 ST. PETERSBURG FL 33702</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD DENSMORE, MIDLRED 7770 9TH ST N #109 ST PETERSBURG FL 33702</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TYLER, SHIRLEY 7801 11TH STREET NORTH, #301 ST. PETERSBURG FL 33702-1113</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD BLOZZON, ELIZABETH 1000 79TH AVE N #109 ST PETERSBURG, FL 00000</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD GEORGE IACONO 7770 9TH ST. N. ST. PETERSBURG, FL 33702</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete

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: Shirley A. Tyler, President** 1-3-2000 727-528-8633  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #