

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90103 013 ****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
 C-1
 ST. PETERSBURG FL 33702
 US

908738



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1509698

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

7. Name and Address of New Registered Agent

TYLER, SHIRLEY A.
7801 11TH ST N
#301
ST PETERSBURG FL 33702

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	KLEER, NORMA	
STREET ADDRESS	1000 79TH ACE N # 205	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	KOONS, SHIRLEY L	
STREET ADDRESS	1000 79TH AVE N #210	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702-1113	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ANTHONY, DEPALMER	
STREET ADDRESS	1001 77TH AVE N #105	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DENSMORE, MIDLRED	
STREET ADDRESS	7770 9TH ST N #109	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TYLER, SHIRLEY	
STREET ADDRESS	7801 11TH STREET NORTH, #301	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702-1113	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	IACONO, GEORGE	
STREET ADDRESS	7770 9TH STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	

TITLE	V.P./D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEO D. LAPLANTE	
STREET ADDRESS	1001 77TH Av. N. #302	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	S/T /D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER L. BRANDAU	
STREET ADDRESS	7801 11TH ST. N. #308	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 like empowered.

SIGNATURE: *Shirley A. Tyler* **SHIRLEY A. TYLER**
 President

1-9-02 727-528-8633

CR2E037 (9/01)