

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 716031**

1. Entity Name

**BROADWATER CIVIC ASSOCIATION, INC.**

Principal Place of Business

**% TERRY LOGAN  
3785 42ND AVE. SO.  
ST.PETERSBURG FL 33711**

Mailing Address

**% TERRY LOGAN  
3785 42ND AVE. SO.  
ST.PETERSBURG FL 33711**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1635026**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LOGAN, TERRY  
3785 42ND AVE. SO.  
ST PETERSBURG FL 33711**

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

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 type="checkbox"/> Delete
NAME	PROTZ, WILLIAM	
STREET ADDRESS	4400 44TH STREETS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	

TITLE	1VP	<input type="checkbox"/> Delete
NAME	ANDO, TOM	
STREET ADDRESS	4172 41ST STREETS	
CITY-ST-ZIP	ST PETERSBURG FL 33711	

TITLE	2VPD	<input type="checkbox"/> Delete
NAME	FILLINGHAM, ROBERT	
STREET ADDRESS	4300 43RD STREET S.	
CITY-ST-ZIP	ST PETERSBURG FL 33711	

TITLE	TD	<input type="checkbox"/> Delete
NAME	LOGAN, TERRY	
STREET ADDRESS	3785 42ND AVE. S.	
CITY-ST-ZIP	ST PETERSBURG FL 33711	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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:

**SIGNATURE OF REGISTERED AGENT TERRY LOGAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/11/01**

Daytime Phone #

**727-864-3188****FILED  
Jan 23, 2001 8:00 am  
Secretary of State**

01-23-2001 90020 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)