

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90068 017 \*\*\*\*61.25

**DOCUMENT # 716921**

1. Entity Name

**BAYWAY ISLES - POINT BRITTANY THREE CORPORATION.**

Principal Place of Business

Mailing Address

5130 BRITTANY DR., SOUTH  
 ST PETERSBURG FL 33715  
 US

5055 BRITTANY DR S.  
 ST PERTERSBURG FL 33715-1607  
 US



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

**59-1514593**

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

**ERDMAN, STEPHANIE**  
**5055 BRITTANY DRIVE, S**  
**ST PETERSBURG FL 33715**

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	PD	<input type="checkbox"/> Delete
NAME	MURPHY, JOHN	
STREET ADDRESS	5130 BRITTANY DRIVE, S	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MANLEY, A. GERTRUDE	
STREET ADDRESS	5130 BRITTANY DR., SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BRODERICK, SHEILA	
STREET ADDRESS	5130 BRITTANY DRIVE, S	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, BRUCE	
STREET ADDRESS	5130 BRITTANY DR., SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SKANE, PATRICIA	
STREET ADDRESS	5130 BRITTANY DR., SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODERICK, SHEILA	
STREET ADDRESS	5130 BRITTANY DRIVE, S.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARDONICK, ANN	
STREET ADDRESS	5130 BRITTANY DRIVE, S.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANK MAROIS	
STREET ADDRESS	5130 BRITTANY DR. S.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
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: STEPHANIE ERDMAN  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/00

(727) 866-2655  
 Date Daytime Phone #

CR2E037 (9/99)