

FILED

Jun 19, 2001 8:00 am  
Secretary of State

05-21-2001 90366 028 \*\*\*\*61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716921

1. Entity Name

BAYWAY ISLES - POINT BRITTANY THREE CORPORATION.

LA

Principal Place of Business

5130 BRITTANY DR. SOUTH  
ST PETERSBURG FLA 33715  
US

Mailing Address

5055 BRITTANY DR S.  
ST PETERSBURG FL 33715  
US

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

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 KARIN KOCH

Street Address (P.O. Box Number is Not Acceptable)  
5055 BRITTANY DR.S.

City ST. PETERSBURG

FL

Zip Code 33715

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.

GENERAL MANAGER

(NOTE: Registered Agent signature required when reinstating)

5/3/01

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	GARLE HUFF 5130 BRITTANY DR.S. D ST. PETERSBURG, FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SANDRA KRAUSE 5130 BRITTANY DR.S. ST. PETERSBURG, FL 33715 TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	HANK HARRIS 5130 BRITTANY DR.S. SD ST. PETERSBURG, FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CRE037 (10/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/01 (727) 867 8521

Day Time Phone #