

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90235 007 ****61.25

DOCUMENT # 720352
 1. Entity Name
GARDENS OF BEACON SQUARE CONDOMINIUM NUMBER THREE

Principal Place of Business Mailing Address
2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765 **2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765-3234**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1634516** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LEIGHTON, LENNARD A
2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765

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	D	<input type="checkbox"/> Delete
NAME	STEPHEN, ROBERT	
STREET ADDRESS	4229 GLISSADE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ANNE BRANCATO	
STREET ADDRESS	4200 TAMARGO DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STALLWORTH, CHARLES	
STREET ADDRESS	4248 TAMARGO DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, JULIA	
STREET ADDRESS	4225 TAMARGO DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DOUGLAS, RICHARD	
STREET ADDRESS	4214 TAMARGO DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LIGGAN, JOHN	
STREET ADDRESS	4205 TAMARGO DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLD, DOROTHY	
STREET ADDRESS	4230 RAH PLACE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMAREST, ETHEL	
STREET ADDRESS	4254 TAMARGO DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
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)(f), 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 REQUIRED** Date: **2/17/00** Daytime Phone #: **727-845-4369**

CR2E037 (9/99)