

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91342 025 ****61.25

0063398

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

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

C0028376



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A
2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765

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: **VD** Delete
 NAME: **STEPHEN, ROBERT**
 STREET ADDRESS: **4229 GLISSADE**
 CITY-ST-ZIP: **NEW PORT RICHEY FL 34652**

TITLE: **PD** Change Addition
 NAME: **stephan, Robert**

TITLE: **SD** Delete
 NAME: **GOLD, DOROTHY**
 STREET ADDRESS: **4230 AAH PLACE**
 CITY-ST-ZIP: **NEW PORT RICHEY FL 34652**

TITLE: Change Addition
 NAME: **4230 RAX Place**

TITLE: **TD** Delete Add
 NAME: **STALLWORTH, CHARLES**
 STREET ADDRESS: **4248 TAMARGO DR.**
 CITY-ST-ZIP: **NEW PORT RICHEY FL**

TITLE: **D** Change Addition
 NAME: **Wahl, Christa**
 STREET ADDRESS: **4213 Tamargo Drive**
 CITY-ST-ZIP: **New Port Richey, FL 34652**

TITLE: **D** Delete
 NAME: **ALEXANDER, JULIA**
 STREET ADDRESS: **4225 TAMARGO DRIVE**
 CITY-ST-ZIP: **NEW PORT RICHEY FL**

TITLE: Change Addition

TITLE: **D** Delete
 NAME: **DEMAEST, ETHEL**
 STREET ADDRESS: **4254 TAMARGO DRIVE**
 CITY-ST-ZIP: **NEW PORT RICHEY FL 34652**

TITLE: Change Addition

TITLE: **PD** Delete
 NAME: **LIGGAN, JOHN**
 STREET ADDRESS: **4205 TAMARGO DRIVE**
 CITY-ST-ZIP: **NEW PORT RICHEY FL**

TITLE: **VD** Change Addition

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

Signature of Stephan Robert

Date

3/15/01

Daytime Phone #

727-849-8899

CR2E037 (10/00)