

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90155 039 \*\*\*\*61.25

**DOCUMENT # 723554**

1. Entity Name

**FIVE TOWNS OF ST. PETERSBURG, NO. 300, INC.**

Principal Place of Business

Mailing Address

5530 80TH STREET NORTH  
 SUITE B106  
 ST. PETERSBURG FL 33709  
 US

8141 54TH AVENUE NORTH  
 ST. PETERSBURG FL 33709-7054  
 US

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

**59-1979333**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SORENSEN, LYN**  
**8141 54TH AVENUE N**  
**8141 54TH AVE N**  
**ST PETERSBURG FL 33709**

Name **SUSAN GARCIA**

Street Address (P.O. Box Number is Not Acceptable)  
**8141 54th AVENUE N**

City **ST. PETERSBURG FL** Zip Code **33709**

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

*Susan Garcia*

*3-27-00*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCELLENBACH, RICK</b>	
STREET ADDRESS	<b>5530 80TH ST, N., #C103</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33709</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BARNES, JOHN</b>	
STREET ADDRESS	<b>5530 80TH STREET, N., #B103</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33709</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SWEENEY, JEFF</b>	
STREET ADDRESS	<b>5530 80TH STREET, N., #B203</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33709</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCGHEE, MARY L.</b>	
STREET ADDRESS	<b>5530 80TH STREET N., #A108</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33709</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ATUNES, MANUEL</b>	
STREET ADDRESS	<b>5530 80TH STREET N., #B103</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33709</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORRA, CHRIS</b>	
STREET ADDRESS	<b>5530 80TH STREET N., #A105</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33709</b>	

TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LARRY WILLOWS</b>	
STREET ADDRESS	<b>5530 80th STREET N., #B106</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33709</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEFF SWEENEY</b>	
STREET ADDRESS	<b>5530 80th STREET N., #B203</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33709</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIXIE BUCKBOROUGH</b>	
STREET ADDRESS	<b>5530 80th STREET N., #B304</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33709</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANUEL ANTUNES</b>	
STREET ADDRESS	<b>5530 80th STREET N., #B105</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33709</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARBARA BARNES</b>	
STREET ADDRESS	<b>5530 80th STREET N., #B103</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33709</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICK SCHELLENBACH</b>	
STREET ADDRESS	<b>5530 80th STREET N., #C103</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33709</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Manuel Antunes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/18/2000*  
 Date

Daytime Phone #

CR2E037 19/99