

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 723594**

1. Entity Name

**BAYWAY ISLES-POINT BRITTANY FIVE CORPORATION**

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

04-27-2000 90068 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5055 BRITTANY DR., SOUTH  
 ST. PETERSBURG FL 33715-1501  
 US

5055 BRITTANY DR., SOUTH  
 ST. PETERSBURG FL 33715-1607  
 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

**59-1514722**

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

**ERDMAN, STEPHANIE G**  
**5055 BRITTANY DRIVE, SOUTH**  
**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 checked="" type="checkbox"/> Delete
NAME	COOGAN, BERNIE	
STREET ADDRESS	5220 BRITTANY DRIVE, S., SUITE 801	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FELDMAN, MORRIS	
STREET ADDRESS	5220 BRITTANY DRIVE, S, SUITE 909	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAFONTAINE, VIRGINIA	
STREET ADDRESS	5220 BRITTANY DRIVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOFMANN, JUNE	
STREET ADDRESS	5220 BRITTANY DRIVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRUGER, FRANCES	
STREET ADDRESS	5220 BRITTANY DRIVE, S, #402	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANDAU, NORM	
STREET ADDRESS	5220 BRITTANY DRIVE, S, #1303	
CITY-ST-ZIP	ST PETERSBURG FL 33715	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDAU, NORM	
STREET ADDRESS	5220 BRITTANY DR. S.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOYER, PHIL	
STREET ADDRESS	5220 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		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, GENE	
STREET ADDRESS	5220 BRITTANY DR. S.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVIN, STANLEY	
STREET ADDRESS	5220 BRITTANY DR. S.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	

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: Norm Landau 04/20/00 (727) 866-2655  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)