

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90014 045 ****61.25

DOCUMENT # 726343

1. Entity Name

**FIVE TOWNS OF ST. PETERSBURG, NO. 303, INC., A C
ONDOMINIUM**

Principal Place of Business

**5750 80 ST. N.
ST. PETERSBURG FL 33709-5854**

Mailing Address

**5750 80TH ST N
ST PETERSBURG FL 33709
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 **59-1902184**

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

**MIZIA, ELISE V
5750 80TH ST NO C304
SAINT PETERSBURG FL 33709**

Name **HELEN KERSHAW**

Street Address (P.O. Box Number is Not Acceptable)

5750 80TH ST. N # D104

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 *Helen Kershaw* **1-30-02**
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 NAME STREET ADDRESS CITY-ST-ZIP | PD MILLER, GEORGE J 5750 80TH ST STE B301 SAINT PETERSBURG FL 33709 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GRIFFIN, RONALD 5750 80TH ST C308 SAINT PETERSBURG FL 33709 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MIZIA, ELSIE V 5750 80TH ST N C304 SAINT PETERSBURG FL 33709 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAMPAGNOLO, GUY 5750 80TH ST B102 SAINT PETERSBURG FL 33709 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CURSNER, RUSS 5750 80TH ST B102 SAINT PETERSBURG FL 33709 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PRINCE, ANTHONY 5750 80TH ST N B305 ST PETERSBURG FL 33709 | <input checked="" type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT GUY CAMPAGNOLO 5750 80TH ST. N # B102 ST. PETERSBURG, FL. 33709 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V. PRES. SYLVIA Mc NALLY 5750 80TH ST. N. # A304 ST. PETERSBURG, FL. 33709 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC. JANET JENNINGS 5750 80TH ST. N # A205 ST. PETERSBURG, FL. 33709 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR. PATRICIA SCANLON 5750 80TH ST. N # D102 ST. PETERSBURG, FL. 33709 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR. SHEILA REND 5750 80TH ST. N. # D303 ST. PETERSBURG, FL. 33709 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR. MARGE O'CONNOR 5750 80TH ST. N. # B208 ST. PETERSBURG, FL. 33709 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Helen Kershaw*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02
Date Daytime Phone #

CR2E037 (9/01)