

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90052 004 \*\*\*\*61.25

**DOCUMENT # 736592**

1. Entity Name

**CASABLANCA COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

10033 9TH ST N  
 ST PETERSBURG FL 33716

10033 9TH ST N  
 ST PETERSBURG FL 33716-3804

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

**59-1737998**

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

**BECKER & POLIAKOFF, P.A.**  
**33 NORTH GARDEN AVENUE**  
**SUITE 960**  
**CLEARWATER FL 33755-4116**

Name  
**Rampart Properties, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10033 9th Street N.**  
**2nd Floor**  
**St. Petersburg, Florida FL 33716-3805**

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	SD	<input type="checkbox"/> Delete
NAME	<b>BUHROW, JUDITH</b>	
STREET ADDRESS	<b>10033 9TH ST N, 2ND FLOOR</b>	
CITY-ST-ZIP	<b>ST. PETE FL 33716</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>GLOVER, BILL</b>	
STREET ADDRESS	<b>10033 9TH ST N, 2ND FLOOR</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33716</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>MOTTA, JOAN</b>	
STREET ADDRESS	<b>10033 9TH ST N, 2ND FLOOR</b>	
CITY-ST-ZIP	<b>ST PETE FL 33716</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>ARMENTROUT, ALVIN W.A.</b>	
STREET ADDRESS	<b>10033 9TH ST N, 2ND FLOOR</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716</b>	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>WHITMAN, ARNOLD</b>	
STREET ADDRESS	<b>10033 9TH ST N, 2ND FLOOR</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Whitman, Barbara</b>	
STREET ADDRESS	<b>10033 9th Street N. 2nd Floor</b>	
CITY-ST-ZIP	<b>St. Petersburg, Florida 33716-3805</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>Dreller, Aletta</b>	
STREET ADDRESS	<b>10033 9th Street N. 2nd Floor</b>	
CITY-ST-ZIP	<b>St. Petersburg, Florida 33716-3805</b>	
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)(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: *Barbara Whitman* **BARBARA WHITMAN** 3/21/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #