## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 746067**

1. Entity Name

## CORONET 300 CONDOMINIUM ASSOCIATION, INC.

FILED Aug 22, 2000 8:00 am Secretary of State

	٠,		1-		07-24-2000 90	011 020 ***	**61.25	
Principal Plac		Mailing Address						
300 CENTRAL		300 CENTRAL AVE.						
P.O. BOX 2751 P.O. BOX 2751 ST PETERSBURG FL 33731 ST PETERSBURG FL 33731			31		<u></u>			
1				) (007)(5 ))	1941 (1971) 1947) 1947) 1967) 1967)	A SIGNI SPAN AKAN A	(A))	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numbe	59-1979420	<u> </u>	pplied For ot Applicable	}
Zip	Country	Zip	Country		of Status Desired	\$8.75 Add		
·· <u> · · -</u>	6 Name and Address of Curren	t Registered Agent	Name	7Name and	Address of New Registers	id Agent	<del></del>	┫^
	•	•	L	·	···			1
WILLIAMS 455 RAFA	, JACK Y. EL BLVD NE	Street A	ddress (P.O. Box Numbe	r is Not Acceptable)				
ST PETERSBURG FL 33704								]
			City	FL		L Zip Cod	Zip Code	
8. The above	named entity submits this statement f	or the purpose of changing its	s registered office or	registered agent, or both	n, in the state of Florida.			1
								}
SIGNATURE .					·			-
oldio (i oliaz )	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent signet.	re required when reinstating)	DAT	E		
				· · · · · · · · · · · · · · · · · · ·		<u> </u>	_ ,	1
FILE NOW: FEE IS \$61.25  After September 13, 2000 min. will be \$236.25  Frust Fund Control				\$5.00 May Be Added to Fees	Make Chec	k Payable to ent of State	,	
Arter Sept	ember 13, 2000 min. Will be \$7	236.25		· Audou to 1 dea	Departine	int of State		1
10.	OFFICERS AND DI	IRECTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS AND	DIRECTORS IN	10	1_
TITLE	PD	Delete	TITLE			Change	Addition	(C) 1) .
NAME Street address	WILLIAMS, JAMES 455 RFAEL BLVD NE		NAME Street address					-
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP	4				 (
TITLE	TO	☐ Delete	TITLE		1	Change	☐ Addition	in a
NAME	MIELE, JOSEPH R		NAME					
STREET ACCRESS	2200 COFFEE POT BLVD NE		STREET ADDRESS					ł
CITY-ST-ZIP	ST. PETERSBURG FL	······································	CITY-ST-ZIP					1
TITLE .	S.D. MIE	- <b>€</b>	TITLE NAME	ستهاده والوادات للعاسات بالإناد	<del></del>	☐ Change	Addition	} -
NAME Street address	STON CAFFEE POY	+ 13 (1d NE.	STREET ADDRESS	•				Ì
CITY-ST-ZIP	CAROLF. ME 1200 COFFEE POY SY PETE, FL	33704	CITY-ST-ZIP					1
TITLE	<u> </u>	☐ Delate	TITLE			Change	Addition	1
NAME			NAME		•			1
STREET ADDRESS			STREET ADORESS					
City-St-ZIP			CITY-ST-ZIP			<u></u>	[] Addition	┨
TITLE NAME		Delete	title Name			Change	Addition	ŀ
STREET ADDRESS			STREET ADDRESS					Į
CITY-ST-ZIP			CITY-ST-ZIP					] .
ΠLE		☐ Delete	TITLE			Charige	Addition	1
NAME			NAME					}
STREET ADDRESS			STREET ADDRESS	1				
CITY-ST-ZIP	partiful that the information of malindards	CITY-ST-ZIP	nd in Continu 410 07/04/0	Elorido Ctotudos 14 de	nactific that the is	tormation	1	
• E I HELBOX C	ertify that the information supplied with	or and mining does not quality to	n ura avettibriou erare	50 III 36680TI 119.U/(3)(I)	, r ignua statutes. I Turther C	YOUTH WHAT THE IT		t

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.