2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
01-31-2001 90051 018 ****61.25

DOCUMENT # 746067

1. Entity Name

CORONET 300 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
300 CENTRAL AVE. P.O. BOX 2751 ST PETERSBURG FL 33731	300 CENTRAL AVE. P.O. BOX 2751 ST PETERSBURG FL 33731

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
300 Central Ave	P.O. Box 2751
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Petersburg, Fl.	City & State: St Petersburg, Fl.
Zip: 33701 Country: PINELLAS	Zip: 33731 Country: PINELLAS

4. FEI Number 59-1979420 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, JACK Y. 455 RAFAEL BLVD NE ST PETERSBURG FL 33704	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer & Director WILLIAMS, JAMES 455 RFAEL BLVD NE ST. PETERSBURG FL	☐ Delete	Treasurer & Director Williams, James same	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President + Director MIELE, JOSEPH R 2200 COFFEE POT BLVD NE ST. PETERSBURG FL	☐ Delete	President + Director Miele Joseph R. same	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MIELE, CAROL 2200 COFFEE POT 131RD NE SAINT PETERSBURG FL 33704	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: Joseph R. Miele PRINTED Joseph R. Miele (727) 894-7387 1/24/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #