

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90332 041 ****61.25

0082455

DOCUMENT # 749733

1. Entity Name

BAY TOWNE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O RAMPART PROPERTIES, INC.
 10033 9TH STREET NORTH
 ST. PETERSBURG FL 33716

C/O RAMPART PROPERTIES, INC.
 10033 9TH STREET NORTH
 ST. PETERSBURG FL 33716

A0039460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1982782

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~MEZER STEVEN PA
 1242 COURT STREET
 SUITE 8
 CLEARWATER FL 34616~~

Name **Steven H. Mezer, Esquire**
 Street Address (P.O. Box Number is Not Acceptable)
Bush, Ross, Gardner, Warren & Rudy, PA
220 S. Franklin Street
 City **Tampa, FL** Zip Code **33602**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] **STEVEN H. MEZER**

1/23/01

**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	P	<input type="checkbox"/> Delete
NAME	STEHNEY, KEN	
STREET ADDRESS	10033 9TH STREET N	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONROY, JOSEPH M	
STREET ADDRESS	10033 9TH STREET N	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COX, RICHARD	
STREET ADDRESS	10033 9TH ST N 2ND FL	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SUNBERG, SUE	
STREET ADDRESS	10033 9TH ST N 2ND FL	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WADSWORTH, ELIZABETH	
STREET ADDRESS	10033 9TH ST N 2ND FL	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Townsend, Ralph	
STREET ADDRESS	10033 9th Street N., 2nd FL	
CITY-ST-ZIP	St. Petersburg, FL 33716	
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		<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: *Kanohat...* **VICE PRESIDENT** 1/30/2001 727-726-3559
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)