

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-25-2002 90192 011 ****61.25

DOCUMENT # 749733

1. Entity Name

BAY TOWNE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

24966

2. Principal Place of Business

Ameri-Tech Realty
1799-B N. Belcher Rd

3. Mailing Address

Ameri-Tech Realty
1799-B N. Belcher Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-1982782

Applied For

Not Applicable

Zip

Country

33765 USA

Zip

Country

33765 USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEZER, STEVEN PA

808, ROSS, GARDNER, WARREN, & RUDY, PA

220 S FRANKLIN STREET

TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Ameri-Tech Realty

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

1799-B N. Belcher Rd

City

Clearwater FL

FL

Zip Code

33765

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

72 CTE *Michael G. Perez* *2-15-02*

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STENNEY, KEN	
STREET ADDRESS	10033 9TH STREET N	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	V	<input checked="" 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	BOY, RICHARD	
STREET ADDRESS	10033 9TH ST N 2ND FL	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SUNBERG, SUE	
STREET ADDRESS	10033 9TH ST N 2ND FL	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WADSWORTH, ELIZABETH	
STREET ADDRESS	10033 9TH ST N 2ND FL	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOWNSEND, RALPH	
STREET ADDRESS	10033 9TH STREET N 2ND FLOOR	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	KATHERINE A. WIT	
CITY-ST-ZIP	280 ROBERTS CT.	
	SAFETY HARBOR, FL. 34695	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	Adam York	
CITY-ST-ZIP	352 Salene Street	
	Safety Harbor, FL. 34695	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP	
STREET ADDRESS	Brigitte Davey	
CITY-ST-ZIP	300 Plymouth Street	
	Safety Harbor, FL. 34695	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Cooper	
STREET ADDRESS	329 Bay Place	
CITY-ST-ZIP	Safety Harbor, FL. 34695	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)