

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750009

1. Entity Name

WESTMINSTER COURT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3100 36TH STREET N
APT 30
ST PETERSBURG FL 33713

3100 36TH STREET N
APT 30
ST PETERSBURG FL 33713-2463

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

59-215 1265

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

**PETER D GRAHAM
5200 CENTRAL AVE
P.O. BOX 14409
ST. PETERSBURG FL 33710**

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 signat

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE	VD	<input type="checkbox"/> Delete
NAME	SAMUELS, KAREN	
STREET ADDRESS	3100 36TH ST N, #17	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WHITE, BOB	
STREET ADDRESS	3100 36TH ST N, #10	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	VDP	<input type="checkbox"/> Delete
NAME	KAREN SAMUELS	
STREET ADDRESS	3100 36TH ST N #17	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SANDRA KRAFT	
STREET ADDRESS	3100 36TH ST N #8	
CITY-ST-ZIP	ST PETERSBURG, FL 00000 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	SGRO, NICHOLAS	
STREET ADDRESS	3100 36TH ST., #14	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: Sandra Kraft **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 3-6-00 **Date** 727-825-3023 **Daytime Phone #**



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)