

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757573

1. Entity Name

MARINER BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4220 GULF BLVD.
ST. PETERSBURG BEACH FL 33706

4220 GULF BLVD.
ST. PETERSBURG BEACH FL 33706

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

59-2110906

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

Name

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

City

FL

Zip Code

STURGEON, L M
4220 GULF BLVD
SAINT PETERSBURG BEACH FL 33706

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 D
NAME FRENCH, ROBERT
STREET ADDRESS 1167 MOHAWK STREET
CITY-ST-ZIP WOODSTOCK, ONTARIO N4-T1A7 ☐ Delete

TITLE PRES
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD
NAME MCLAUGHTREY, MARCIA
STREET ADDRESS 4507 OAK RIVER CIRCLE
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME BUCCI, JAMES
STREET ADDRESS 7893 SAILBOAT KEY BLVD #401
CITY-ST-ZIP SO. PASADENA FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME WEINMAN, FRED
STREET ADDRESS TROPIC ISLES, 508 MARINA DR
CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete

TITLE Member
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME SENATO, RICHARD
STREET ADDRESS 152 EVERGREEN DR
CITY-ST-ZIP DOVER DE 19901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

L M Sturgeon, Agent 2/23/02 727-3673721



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)