

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761684

1. Entity Name

FAREHAM SQUARE CONDOMINIUM ASSOCIATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90461 046 ****61.25

Principal Place of Business

5530 1ST AVE N
ST PETERSBURG FL 33713
US

Mailing Address

P O BOX 47068
ST. PETERSBURG FL 33743-7068
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33710

4. FEI Number

59-2428012

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

LISHEID, DEBRA R
5530 1ST AVE N
ST. PETERSBURG FL 33110

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 D ☐ Delete
NAME FECHTMULLER, WILLIAM
STREET ADDRESS 301 2ND ST #14
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE P ☐ Delete
NAME BROCKWAY, ALLAN
STREET ADDRESS 301 2ND STREET NORTH, #3
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE ST ☐ Delete
NAME SEWELL, JAMES
STREET ADDRESS 301 2ND ST NO #4
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE VP ☐ Delete
NAME LONG, JACK
STREET ADDRESS 301 2ND STREET NORTH, #19
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE D ☐ Delete
NAME TRIPP, SALLY
STREET ADDRESS 301 2ND ST NO #11
CITY-ST-ZIP ST PETERSBURG FL 33701

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00 727-381-1717
Date Daytime Phone #

CR2E037 (9/99)