

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764308

1. Entity Name

REDINGTON TOWERS CLUB ASSOCIATION, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90072 023 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O CMC  
4175 EAST BAY DR. STE 205  
CLEARWATER FL 33764  
US

C/O CMC  
4175 EAST BAY DR. STE 205  
CLEARWATER FL 33764-6977  
US

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

59-2297979

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

COMMUNITY MANAGEMENT CONCEPTS INC.  
4175 EAST BAY DR.  
SUITE 205  
CLEARWATER FL 33764

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	S	<input checked="" type="checkbox"/> Delete
NAME	TEATE, STANLEY	
STREET ADDRESS	17920 GULF BLVD #404	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ELBEYROUTY, MOUNIR	
STREET ADDRESS	5901 SUN BLVD #203	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BROTHWELL, TED	
STREET ADDRESS	17900 GULF BLVD 11F	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	D'ANGELO, TONY	
STREET ADDRESS	5901 SUN BLVD.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRASSEL, FRED	
STREET ADDRESS	17920 GULF BLVD #1004	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLOVER, BOB	
STREET ADDRESS	17900 GULF BLVD #14F	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tony D'Angelo	
STREET ADDRESS	17900 Gulf Blvd. # 12F	
CITY-ST-ZIP	Redington Shores, FL 33708	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted Brothwell	
STREET ADDRESS	17900 Gulf Blvd. # 11F	
CITY-ST-ZIP	Redington Shores, FL 33708	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Marshall	
STREET ADDRESS	17920 Gulf Blvd. # 408	
CITY-ST-ZIP	Redington Shores, FL 33708	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Jeffrey	
STREET ADDRESS	17940 Gulf Blvd. 11A	
CITY-ST-ZIP	Redington Shores, FL 33708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Hanman	
STREET ADDRESS	17920 Gulf Blvd. # 807	
CITY-ST-ZIP	Redington Shores, FL 33708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Robbins	
STREET ADDRESS	17940 Gulf Blvd. # 18B	
CITY-ST-ZIP	Redington Shores, FL 33708	

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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-00 (727) 393-1523

Date

Daytime Phone #

CR2E037 (9/99)