

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90068 016 \*\*\*\*61.25

**DOCUMENT # 766604**

1. Entity Name  
**THE FLORIDA BAY CLUB CONDOMINIUM ASSOCIATION, IN**

Principal Place of Business Mailing Address  
**MILE MARKER 103.5 P O BOX 2520**  
**KEY LARGO FL 33037 KEY LARGO FL 33037-7520**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2420602** 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

**CULLEN, RUSSELL H.**  
**992228 OVERSEAS HWY**  
**SUITE 301-D**  
**KEY LARGO FL 33037**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME	<b>P LAUTENSLAGER, DAVID</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>12935 SW 110 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE NAME	<b>D GRIFFIN, LOURDES</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>12830 SW 43 DR #165B</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE NAME	<b>D DR. JAMES TRACTON</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>12700 BAYSHORE DR.</b>	
CITY-ST-ZIP	<b>N. MIAMI FL</b>	
TITLE NAME	<b>VDD STANTON, JOHN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1531 NW 90TH WAY</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE NAME	<b>S TEEGARDIN, JAMES P</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>200 FLORIDA AVE</b>	
CITY-ST-ZIP	<b>TAVERNIER FL</b>	
TITLE NAME	<b>T SHERMAN, DAVID</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2255 GLADES RD #402A</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **SECRETARY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JAMES P. TEEGARDIN** 1/17/00 305-451-0101  
Date Daytime Phone #

CR2E037 (9/99)