

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90282 018 \*\*\*\*61.25

**DOCUMENT # 767625**

1. Entity Name  
**PELICAN BAY YACHT CLUB CONDOMINIUM, BUILDING B, INC.**

Principal Place of Business 501 SUN BLVD. SUITE #203 PETERSBURG FL 33715 US	Mailing Address % CMC 4175 EAST BAY DRIVE CLEARWATER FL 33764 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0475190**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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 DRIVE**  
**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 \_\_\_\_\_ (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 **PD**  Delete  
 NAME **GUIDRY, PAUL**  
 STREET ADDRESS **5940 PELICAN BAY PLAZA, #304**  
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **D**  Change  Addition  
 NAME **LENNY ROTH**  
 STREET ADDRESS **5940 PELICAN BAY PLAZA #505**  
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **VPD**  Delete  
 NAME **PORTO, JOHN**  
 STREET ADDRESS **5940 PELICAN BAY PLAZA, #701**  
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **YOCGS, WILLIAM**  
 STREET ADDRESS **5940 PELICAN BAY PLAZA, #303**  
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **GARRETSON, MARTHA**  
 STREET ADDRESS **5940 PELICAN BAY PLAZA, #802**  
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **JEWEL, THOMAS**  
 STREET ADDRESS **5940 PELICAN BAY PLAZA, #201**  
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  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: Thomas Jeweled 1/9/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)