

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90348 001 *****5.10
 04-25-2001 90348 002 ****56.15

DOCUMENT # N00000002927

1. Entity Name

THE GATES OF WESTSHORE, A CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**3239 HENDERSON BOULEVARD
 TAMPA FL 33609**

**3239 HENDERSON BOULEVARD
 TAMPA FL 33609**

39256



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

59-3688320

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

**URETTE, MICHAEL E
 3239 HENDERSON BOULEVARD
 TAMPA FL 33609**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	URETTE, MICHAEL E		
3239 HENDERSON BOULEVARD	3239 HENDERSON BOULEVARD		
TAMPA FL 33609	TAMPA FL 33609		
SD	URETTE, KAREN G		
3239 HENDERSON BOULEVARD	3239 HENDERSON BOULEVARD		
TAMPA FL 33609	TAMPA FL 33609		
TD	WENRICH, JANET		
3239 HENDERSON BOULEVARD	3239 HENDERSON BOULEVARD		
TAMPA FL 33609	TAMPA FL 33609		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 813-876-7838

Date

Daytime Phone #

CR2E037 (10/00)