

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

02-13-2002 90209 018 ****61.25

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

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

59-3688320

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

URETTE, MICHAEL E
3239 HENDERSON BOULEVARD
TAMPA FL 33609

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	PD	<input type="checkbox"/> Delete
NAME	URETTE, MICHAEL E	
STREET ADDRESS	3239 HENDERSON BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	URETTE, KAREN G	
STREET ADDRESS	3239 HENDERSON BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WENRICH, JANET	
STREET ADDRESS	3239 HENDERSON BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TREASURER TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Eurette	
STREET ADDRESS	3239 Henderson Blvd	
CITY-ST-ZIP	Tampa FL 33609	
TITLE	President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Todd York	
STREET ADDRESS	4421 W Fig ST	
CITY-ST-ZIP	Tampa FL 33609	
TITLE	Secretary SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jessica Zetrick	
STREET ADDRESS	4416 Gray ST	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael E. Urette* **Michael E. URETTE** 1/11/02 813.876.7638
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)