

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01227

1. Entity Name

PHILIPPE BAY ASSOCIATION, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90093 002 ****61.25

Principal Place of Business 2189 CLEVELAND ST. STE 225 CLEARWATER FL 33765 US	Mailing Address 2189 CLEVELAND ST. STE 225 CLEARWATER FL 33765-3234 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	
Zip	Country	Zip	Country

4. FEI Number 59-2407896	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEIGHTON, LENNARD A
2189 CLEVELAND ST.
STE 225
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B <input type="checkbox"/> Delete CONROY, GLEN 1916 WESTLY ST. SAFETY HARBOR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete DAVIS, JOYCE 2002 WESTLEY CT. SAFETY HARBOR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete STOWELL, KEITH 1931 BAYSHORE CT SAFETY HARBOR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete BUCKLEY, EDITH 305 PARKSIDE LANE SAFETY HARBOR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete DENTON, JAMES E 217 LIGHTHOUSE COURT SAFETY HARBOR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WALLACE, RICK 2008 WESTLEY COURT SAFETY HARBOR FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WHALEN, PATRICK 2015 PHILIPPE COURT SAFETY HARBOR FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *RICK WALLACE*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RICK WALLACE** *2/14/00*
 Daytime Phone # _____

CR2E037 (9/99)