

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07333

1. Entity Name

LAND'S END AT SUNSET BEACH 3 CONDOMINIUM ASSOCIA

Principal Place of Business

Mailing Address

7500 BAYSHORE DR
TREASURE ISLAND FL 33706

7500 BAYSHORE DR
TREASURE ISLAND FL 33706-3560

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

59-2355286

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

LAND, NICHOLAS F P.A.
5001 4TH STREET N., STE A
ST PETERSBURG FL 33734

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FREY, JOAN	
STREET ADDRESS	635 WEMBLEY COURT	
CITY-ST-ZIP	ANN ARBOR MI 48103	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MEISZKOWSKI, STAN	
STREET ADDRESS	7503 PENELOPE AVE., #2	
CITY-ST-ZIP	MIDDLE VILLAGE NY 11379	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARRISON, DIANE	
STREET ADDRESS	775 GREEN UNION	
CITY-ST-ZIP	LAISE FONRSR IL 60045	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DELISER, BOB	
STREET ADDRESS	10919 SPRINGBROOK CT	
CITY-ST-ZIP	WARTEHENSE OH 43571	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, BILL	
STREET ADDRESS	10 STONEGATE RD	
CITY-ST-ZIP	WARREN RI 02885	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPIWAK, Wayne	
STREET ADDRESS	2907 W. HARBOR VIEW	
CITY-ST-ZIP	TAMPA, FL 33611	
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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sullivan, Bill	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1-00 813-832-6111

Date

Daytime Phone #