

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22474

1. Entity Name

LA SAL MOTEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

530 MANDALAY AVENUE
CLEARWATER BEACH FL 33767

530 MANDALAY AVENUE
CLEARWATER BEACH FL 33767

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2852132

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

GIANCOLA, EDWARD E
1567 RIVERDALE DRIVE
OLDSMAR FL 34677

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 *EDWARD E. GIANCOLA, PRESIDENT*
Edward E. Giancola, President

4/11/01

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 ☐ Delete
NAME GIANCOLA, EDWARD
STREET ADDRESS 1567 RIVERDALE DR.
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME GIANCOLA, EDWARD E
STREET ADDRESS 36 CYPRESS DRIVE
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME KOENIG, NORBET
STREET ADDRESS 44 EILEEN AVENUE
CITY-ST-ZIP PLAINVIEW NY 11803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME KANS, BRENDA
STREET ADDRESS 2181 CHANTILLY LANE
CITY-ST-ZIP DUNEDIN FL 34698

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

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: *Brenda KANS, TREASURER* 4/11/01 727 447 1195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-17-2001

CR2E037 (10/00)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90070 025 ****61.25

8000000000



DO NOT WRITE IN THIS SPACE