

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27449

1. Entity Name

THE PAVILION OF PALM CEIA CONDOMINIUM ASSOCIATIO
N, INC.

Principal Place of Business

Mailing Address

3205 W DELEON STREET
E
TAMPA FL 33609
US

3205 W DELEON STREET
E
TAMPA FL 33609
US

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

59-2948832

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

MCKAY, ROBERTA
3205-E W DELEON ST
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

TITLE SD ☒ Delete
NAME FRICK, BRANDON
STREET ADDRESS 3205 W. DELRON ST
CITY-ST-ZIP TAMPA FL 33609

TITLE SD ☐ Change ☒ Addition
NAME ANN MCCUSKER
STREET ADDRESS 3205 W. DELEON ST. #D
CITY-ST-ZIP TAMPA, FL. 33609

TITLE TD ☐ Delete
NAME MCKAY, ROBERTA
STREET ADDRESS 3205 W. DE LEON
CITY-ST-ZIP TAMPA FL 33609

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

TITLE PD ☒ Delete
NAME NORMA MINARD, COHEN
STREET ADDRESS 3205 W DELEON STREET UNIT F
CITY-ST-ZIP TAMPA FL 33609

TITLE PD ☐ Change ☒ Addition
NAME CATHY COOK
STREET ADDRESS 3205 W. DELEON ST #G
CITY-ST-ZIP TAMPA, FL 33609

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

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: ROBERTA MCKAY TD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/09/02 (813) 871-3770
Date Daytime Phone #

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90372 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)