

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90092 047 \*\*\*\*61.25

**DOCUMENT # N47191**

1. Entity Name

**ULTIMAR TWO CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

1540 GULF BLVD.  
 CLEARWATER FL 33767

Mailing Address

1540 GULF BLVD.  
 CLEARWATER FL 33767

643004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3112883**

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

**BECKER & POLIAKOFF P.A.**  
**5999 CENTRAL AVENUE**  
**SUITE 104**  
**ST PETERSBURG FL 33710**

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 NAME	<b>T</b> <b>DOOLEY, MICHAEL T</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1540 GULF BLVD., UNIT #306</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	
TITLE NAME	<b>S</b> <b>DEWITT, PAUL L</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1540 GULF BOULEVARD, UNIT #1001</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	
TITLE NAME	<b>P</b> <b>EVERETT, FRANCES B.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1540 GULF BLVD. UNIT 1602</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	
TITLE NAME	<b>D</b> <b>WOLF, SPENCER</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1540 GULF BLVD, UNIT 1801</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	
TITLE NAME	<b>D</b> <b>MIEDLER, BERT</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1540 GULF BLVD., UNIT #1907</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	
TITLE NAME	<b>TREASURER</b> <b>ROSENBERG IRVING</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1540 GULF BLVD # 1206</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	

TITLE NAME	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

727-593-3955

Daytime Phone #

CR2E037 (10/00)