

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
 05-19-2002 90172 047 \*\*\*\*61.25

DUK3/05

**DOCUMENT # N47191**  
 1. Entity Name  
**ULTIMAR TWO CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**1540 GULF BLVD.**      **1540 GULF BLVD.**  
**CLEARWATER FL 33767**      **CLEARWATER FL 33767**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**59-3112883**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BECKER & POLIAKOFF P.A.**  
**5999 CENTRAL AVENUE**  
**SUITE 104**  
**ST PETERSBURG FL 33710**

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.            **\$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 STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOOLEY, MICHAEL T</b> <b>1540 GULF BLVD., UNIT 1401</b> <b>CLEARWATER FL 33767</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>DEWITT, PAUL L</b> <b>1540 GULF BOULEVARD, UNIT #1001</b> <b>CLEARWATER FL 33767</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>JOAN T. TREATY</b> <b>1540 GULF BLVD UNIT 1203</b> <b>CLEARWATER, FL 33767</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>EVERETT, FRANCES B.</b> <b>1540 GULF BLVD. UNIT 1802</b> <b>CLEARWATER FL 33767</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WOLF, SPENCER</b> <b>1540 GULF BLVD, UNIT 1801</b> <b>CLEARWATER FL 33767</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>MRS. ALICE R. HUGHES</b> <b>1540 GULF BLVD, UNIT 501</b> <b>CLEARWATER, FL 33767</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ROSENBERG, IRVING</b> <b>1540 GULF BLDV #1206</b> <b>CLEARWATER FL 33767</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 REQUIRED      **4-23-02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)