

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**  
03-26-2001 90150 018 \*\*\*\*61.25

**DOCUMENT # N93000003005**

1. Entity Name  
**SEASIDE AT BELLEAIR MASTER ASSOCIATION, INC.**

Principal Place of Business  
**2189 CLEVELAND STREET**  
**# 225**  
**CLEARWATER FL 33765**  
**US**

Mailing Address  
**2189 CLEVELAND STREET**  
**# 225**  
**CLEARWATER FL 33765**  
**US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3206213**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEIGHTON, LENNARD A.**  
**2189 CLEVELAND ST. STE 225**  
**CLEARWATER FL 33765**

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LANKTON, JAMES</b> <b>3 SEASIDE LANE #402</b> <b>BELLEAIR FL 33756</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CROWN, BOB</b> <b>2 SEASIDE LANE #103</b> <b>BELLEAIR FL 33756</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>INGERSOLL, JAMES</b> <b>1 SEASIDE LANE #803</b> <b>BELLEAIR FL 33756</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FALLON, JOE</b> <b>ONE SEASIDE LANE # 101</b> <b>CLEARWATER FL 33756</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VANWINKLE, ROBERT</b> <b>TWP SEASIDE LANE STE 302</b> <b>BELLEAIR FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Lankton, James</b> <b>Three Seaside Lane #402</b> <b>Belleair, FL 33756</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Crown, Bob</b> <b>Two Seaside Lane #103</b> <b>Belleair, FL 33756</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Whittle, Ernest</b> <b>One Seaside Lane #203</b> <b>Belleair, FL 33756</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Perrott, Ronald</b> <b>Two Seaside Lane #503</b> <b>Belleair, FL 33756</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

**SIGNATURE:** *James Lankton* **3-15-01** **727-442-5522**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)