

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NA6000000469 W-6938**

1. Entity Name
**SHORES OF LONG BAYOU I
 CONDOMINIUM ASSOCIATION, INC**

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6251 SHORELINE DR

2. Principal Place of Business 3. Mailing Address
6251 SHORELINE DR 6251 SHORELINE DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.
MANAGER

REINSTATEMENT SPACE **0700**

City & State City & State
SEMINOLE FL SEMINOLE FL
 Zip Country Zip Country
33708 PINELLAS 33708 PINELLAS

4. FEI Number Applied For Not Applicable
593360035
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HALL, MALINDA
DEVELOPER-BUILDER
6301 SHORELINE DR
ST PETERSBURG, FL 33708

7. Name and Address of New Registered Agent
 Name **JAKEWAY, LYNN**
 Street Address (P.O. Box Number is Not Acceptable)
6251 SHORELINE DR
2302
 City **SEMINOLE FL** Zip Code **33708**

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 *John M. Gakeway, V.P.* DATE **3/2/00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 D	PRESIDENT/DIRECTOR <input type="checkbox"/> Delete NAME JOHN WELTON STREET ADDRESS 6251 SHORELINE DR 2202 CITY-ST-ZIP SEMINOLE FL 33708
TITLE D	VICE-PRESIDENT/DIRECTOR <input type="checkbox"/> Delete NAME LYNN JAKEWAY STREET ADDRESS 6251 SHORELINE DR 2302 CITY-ST-ZIP SEMINOLE FL 33708
TITLE D	TREASURER/DIRECTOR <input type="checkbox"/> Delete NAME BARBARA GREEN STREET ADDRESS 6251 SHORELINE DR 2301 CITY-ST-ZIP SEMINOLE FL 33708
TITLE D	SECRETARY/DIRECTOR <input type="checkbox"/> Delete NAME ALDENE WERTZ STREET ADDRESS 6251 SHORELINE DR 2206 CITY-ST-ZIP SEMINOLE FL 33708
TITLE	<input type="checkbox"/> Delete NAME 400003215274-2 STREET ADDRESS -04/19700--01099--020 CITY-ST-ZIP ****428.75 ****428.75
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition PLEASE NOTE
NAME	WRONG ADDRESS
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition DO NOT SEND
NAME	RENEWAL FORMS TO
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition THE DEVELOPER
NAME	THEY DO NOT GET
STREET ADDRESS	FORWARDED TO
CITY-ST-ZIP	OUR ASSOCIATION - PLEASE
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition MAIL TO NEW
NAME	REGISTERED AGENT
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition THANK YOU
NAME	John Welton
STREET ADDRESS	President
CITY-ST-ZIP	LS

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: *John Welton* **JOHN WELTON** **3-2-00 727 3989966**

CR2E037 (9/99)