

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004403

1. Entity Name

SHORES OF LONG BAYOU II CONDOMINIUM ASSOCIATION,

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90271 007 \*\*\*\*61.25

Principal Place of Business 6315 SHORE LINE DR #3000 ST. PETERSBURG FL 33708 US	Mailing Address 6315 SHORE LINE DR #3000 ST. PETERSBURG FL 33708-4512 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3401481

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARLOW, DENISE  
6315 SHORELINE DRIVE #3105  
ST PETERSBURG FL 33708

Name **Dorothy McManus**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6315 Shoreline Dr # 3106**  
 City **ST Petersburg 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 Dorothy McManus Dorothy McManus 1-7-00  
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	PD LAWRENCE, PAM 6315 SHORELINE DRIVE #3301 ST. PETERSBURG FL 33705	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LATTIMER, WILLIAM 6315 SHORELINE DRIVE #3302 ST. PETERSBURG FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'MALLEY, PAUL 6315 SHORELINE DRIVE #3107 ST. PETERSBURG FL 33708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Dorothy McManus 6315 Shoreline Dr # 3106 ST. Petersburg FL 33708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARIENE BOCCINO 6315 SHORELINE DR # 3104 ST Petersburg FL 33708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHYLLIS ORLAN 6315 SHORELINE DR # 3108 ST Petersburg FL 33708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dorothy Sorsby 6315 SHORELINE DR ST. Petersburg FL 33708	<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 like empowered.

SIGNATURE: Dorothy McManus Dorothy McManus 1-7-00 727 392 8511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)