

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90203 027 \*\*\*\*61.25

**DOCUMENT # N96000005766**

1. Entity Name

**SHORES OF LONG BAYOU III CONDOMINIUM ASSOCIATION**

Principal Place of Business

Mailing Address

6205 SHORELINE DR  
 1304  
 ST PETERSBURG FL 33708  
 US

6205 SHORELINE DR  
 1304  
 ST PETERSBURG FL 33708-4506  
 US

00003674



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~6205 Shoreline DR~~

~~6205 Shoreline DR.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~Unit 1304~~

~~Unit 1304~~

City & State

City & State

~~St Petersburg FL~~

~~St Petersburg FL~~

Zip

Country

Zip

Country

~~33708~~

~~Pinellas~~

~~33708~~

~~Pinellas~~

4. FEI Number

59-3401481

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**STRUBHART, JAMES**  
**6205 SHORELINE DR**  
**UNIT 1203**  
**ST PETERSBURG FL 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

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	DP	<input type="checkbox"/> Delete
NAME	STRUBHART, JAMES	
STREET ADDRESS	6205 SHORELINE DR 1203	
CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LEE, JANNETTE	
STREET ADDRESS	6205 SHORELINE DR UNIT 1306	
CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LARSON, MADGE	
STREET ADDRESS	6205 SHORELINE DR 1304	
CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Bodamar, Fred	
STREET ADDRESS	6205 Shoreline Dr. Unit 1102	
CITY-ST-ZIP	St. Petersburg FL 33708	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Lee, Jeanette	
STREET ADDRESS	6205 Shoreline Dr. Unit 1306	
CITY-ST-ZIP	St Petersburg FL 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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:** James Strubhart **SIGNATURE REQUIRED** James Strubhart 1-5-2000 927-392-262  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #