

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90021 047 \*\*\*\*61.25

**DOCUMENT # N96000005766**

1. Entity Name

**SHORES OF LONG BAYOU III CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6205 SHORELINE DR  
 1304  
 ST PETERSBURG FL 33708  
 US

6205 SHORELINE DR  
 1304  
 ST PETERSBURG FL 33708  
 US

2. Principal Place of Business

**6205 Shoreline Dr.**

3. Mailing Address

**6205 Shoreline Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1000**

**1000**

City & State

**St. Petersburg FL**

City & State

**St. Petersburg FL**

Zip

Country

**33708**

**US**

Zip

Country

**33708**

**US**

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

**BODAMER, FRED  
 6205 SHORELINE DR  
 UNIT 1202  
 ST PETERSBURG FL 33708**

7. Name and Address of New Registered Agent

Name

**JERRY M. LOHR**

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

**6205 SHORELINE DR #1204**

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

*Jerry M Lohr*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-12-02**

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 checked="" type="checkbox"/> Delete
NAME	BODAMER, FRED	
STREET ADDRESS	6205 SHORELINE DR., #1102	
CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	MARGUART, JOSEPH	
STREET ADDRESS	6205 SHORELINE DR., #1102	
CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE	DST	<input type="checkbox"/> Delete
NAME	LEE, JEANNETTE	
STREET ADDRESS	6205 SHORELINE DR., #1306	
CITY-ST-ZIP	SAINT 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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOHR, JERRY	
STREET ADDRESS	6205 SHORELINE DR #1204	
CITY-ST-ZIP	ST PETERSBURG, FL 33708	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYMAN, JUDY	
STREET ADDRESS	6205 SHORELINE DR #1204	
CITY-ST-ZIP	ST PETERSBURG, FL 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **JERRY M LOHR**

**1-12-02**

CR2E037 (9/01)