

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90288 035 ****61.25

DOCUMENT # 734377

1. Entity Name

THE FRIENDLY NATIVE BEACH RESORT CONDOMINIUM, IN

Principal Place of Business

Mailing Address

6700 SUNSET WAY
 ST PETERSBURG BEACH FL 33706-2053

6700 SUNSET WAY
 ST PETERSBURG BEACH FL 33706-2038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1656341

Applied For

Not Applicable



DO NOT WRITE IN THIS SPACE

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

HURLEY, J. K
6700 SUNSET WAY
ST PETERSBURG BEACH FL 33706

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD VICKERS, LARRY**
 STREET ADDRESS **640 VALLEY FORCE RD**
 CITY-ST-ZIP **COOKEVILLE TN**

TITLE Change Addition
 NAME **D Michael MARTINO**
 STREET ADDRESS **7900 HEATHER CT.**
 CITY-ST-ZIP **Tampa, FL 33618**

TITLE Delete
 NAME **VD RAAB, RICHARD**
 STREET ADDRESS **2263 WEST LIBERTY**
 CITY-ST-ZIP **ANN ARBOR MI**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD ALMERIC, MARJORIE**
 STREET ADDRESS **807 W INDIANA AVE.**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD GARCIA, DULCE MARIA V**
 STREET ADDRESS **4808 DARBY AVE.**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SWENSON, GLENN**
 STREET ADDRESS **3521-6TH AVE., N.**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MARTINEZ A G**
 STREET ADDRESS **908 W VIRGINIA AVE**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change 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: **DULCE MARIA V. GARCIA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/10/2000** Daytime Phone #: **(727) 360-2076**

CR2E037 (9/99)