

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722178

1. Entity Name

BOCA CIEGA POINT EAST FIVE CONDOMINIUM CORPORATI

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90052 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PORATION. INC.  
275 BOCA CIEGA POINT BLVD  
ST. PETERSBURG FL 33708

PORATION. INC.  
275 BOCA CIEGA POINT BLVD  
ST. PETERSBURG FL 33708-2756



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

59-1571032

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

FEDERATION OF BOCA CIEGA PT CONDO, INC.  
275 BOCA CIEGA POINT BLVD  
ST. PETERSBURG FL 33708

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 PD  
NAME QUINN, CHARLOTTE  
STREET ADDRESS 275 BOCA CIEGA PT BLVD  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME JONES, RUTH  
STREET ADDRESS 418 BOCA CIEGA PT BLVD S  
CITY-ST-ZIP ST. PETERSBURG FL ☒ Delete

TITLE VPD  
NAME Clayla Class  
STREET ADDRESS 275 Boca Ciega Pt. Blvd.  
CITY-ST-ZIP St. Pete, FL 33708 ☐ Change ☒ Addition

TITLE S  
NAME CIMAZEWSKI, MARY  
STREET ADDRESS 490 BOCA CIEGA PT BLVD S  
CITY-ST-ZIP ST. PETERSBURG FL ☒ Delete

TITLE S  
NAME Barbara Markley  
STREET ADDRESS 275 Boca Ciega Pt. Blvd.  
CITY-ST-ZIP St. Pete, FL 33708 ☐ Change ☒ Addition

TITLE T  
NAME CLOUD, BOB  
STREET ADDRESS 275 BOCA CIEGA PT. BLVD.  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE TD  
NAME Bob Cloud  
STREET ADDRESS 275 Boca Ciega Pt. Blvd.  
CITY-ST-ZIP St. Pete, FL 33708 ☒ Change ☐ Addition

TITLE D  
NAME GALBRAITH, ELIZABETH  
STREET ADDRESS 275 BOCA CIEGA PT BLVD  
CITY-ST-ZIP ST. PETERSBURG FL 33708 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME DIEDRICH, GRACE  
STREET ADDRESS 275 BOCA CIEGA PT BLVD  
CITY-ST-ZIP ST. PETERSBURG FL 33708 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Clayla Class 3-15-00 727-398-1270

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #