2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # 719916 Apr 12, 2000 8:00 am Secretary of State BOCA CIEGA POINT EAST "TWO" CONDOMINIUM CORPORAT 04-12-2000 90052 030 ****61.25 Principal Place of Business Mailing Address 275 BOCA CIEGA POINT BLVD. 275 BOCA CIEGA POINT BLVD. ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708-2756 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1561869 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FEDERATION OF BOCA CIEGA PT CONDO, INC. 275 BOCA CIEGA POINT BLVD ST. PETERSBURG FL 33708 Zip Code City FΙ 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 DATE Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition PD ☐ Delete TITLE TITLE NAME BARNARD, RALPH STREET ADDRESS STREET ADDRESS 275 BOCA CIEGA PT BLVD CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33708 ☐ Delete TITLE ☐ Change Addition TITLE TD NAME SAUSSER, JIM NAME STREET ADDRESS STREET ADDRESS 329 BOCA CIEGA PT BLVD CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE SD NAME NAME AUGHINBAUGH, PAUL STREET ADDRESS STREET ADDRESS 359 BOCA CIEGA PT BLVD CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL Change ■ Addition ☐ Delete TITLE TITLE BURKE, HAROLD NAME NAME STREET ADDRESS STREET ADDRESS 275 BOCA CIEGA PT. BLVD. CITY-ST-ZIP CITY-ST-ZIP ST.PETERSBURG FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered.