

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728599

1. Entity Name

700 ISLAND WAY ASSOCIATION, INC.

Principal Place of Business

700 ISLAND WAY
CLEARWATER FL 34630
US

Mailing Address

700 ISLAND WAY
CLEARWATER FL 33767-1840
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MCN GROUP, INC.
700 ISLAND WAY
CLEARWATER FL 34630

7. Name and Address of New Registered Agent

Name: **Rampart Properties**
Street Address (P.O. Box Number is Not Acceptable): **10033 9th West Street N.**
City: **St. Petersburg** FL Zip Code: **33716**

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 | PD | <input type="checkbox"/> Delete |
| NAME | SERRA, VERONICA | |
| STREET ADDRESS | 700 ISLAND WAY #1102 | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | DAWSON, CHUCK | |
| STREET ADDRESS | 700 ISLAND WAY 205 | |
| CITY-ST-ZIP | CLEARWATER FL 33767 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CULLITON, MARY | |
| STREET ADDRESS | 700 ISLAND WAY, #1003 | |
| CITY-ST-ZIP | CLEARWATER FL 33767 | |
| TITLE | SEC | <input checked="" type="checkbox"/> Delete |
| NAME | CARROZA, DORIS | |
| STREET ADDRESS | 700 ISLAND WAY #603 | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TWINING, CHERYL | |
| STREET ADDRESS | 441 PALM ISLAND, S.E. | |
| CITY-ST-ZIP | CLEARWATER FL 33767 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LINETSKY, LIDIA | |
| STREET ADDRESS | 700 ISLAND WAY #1101 | |
| CITY-ST-ZIP | CLEARWATER FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ANDERSON, JOANNA (D) | |
| STREET ADDRESS | 700 ISLAND WAY #702 | |
| CITY-ST-ZIP | CLEARWATER FL | |
| 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:

MARY E. CULLITON

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

4/12/2000 (727) 461-5532

Date Daytime Phone #

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90039 026 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1631204** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

CR2E037 (9/99)