

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90031 008 ****61.25

DOCUMENT # 759794

1. Entity Name

PIER HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 391
 INDIAN ROCKS BEACH FL 33785
 US

Mailing Address

P. O. BOX 391
 INDIAN ROCKS BEACH FL 33785
 US

2. Principal Place of Business

20019 Gulf Blvd,

3. Mailing Address

Suite, Apt. #, etc.

City & State

INDIAN SHORES FL

City & State

Zip

33785

Country

Pinellas

Country

4. FEI Number

59-2320737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PACINI, JOHN A
20019 GULF BOULEVARD
SUITE 10
INDIAN SHORES FL 33785

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
 NAME **PACINI, JOHN A**
 STREET ADDRESS **20019 GULF BLVD., #10**
 CITY-ST-ZIP **INDIAN SHORES FL**

TITLE **VSD** ☒ Delete
 NAME **CHEATLEY, DORTHEA**
 STREET ADDRESS **2197 LAURENCE DR.**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **TD** ☐ Delete
 NAME **EVANS, ALTON**
 STREET ADDRESS **20019 GULF BLVD. #1**
 CITY-ST-ZIP **INDIAN SHORES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VSO** ☐ Change ☒ Addition
 NAME **William Woodrum**
 STREET ADDRESS **20019 GULF BLVD. #2**
 CITY-ST-ZIP **INDIAN SHORES FL 33785**

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

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

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Pacini

3/22/01

727-517-0757

Date

Daytime Phone #

CR2E037 (10/00)