

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90143 021 \*\*\*\*61.25

**DOCUMENT # 719916**

1. Entity Name

**BOCA CIEGA POINT EAST "TWO" CONDOMINIUM CORPORAT**

Principal Place of Business

**275 BOCA CIEGA POINT BLVD.  
ST. PETERSBURG FL 33708**

Mailing Address

**275 BOCA CIEGA POINT BLVD.  
ST. PETERSBURG FL 33708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-1561869**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARNARD, RALPH	
STREET ADDRESS	275 BOCA CIEGA PT BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SAUSSER, JIM	
STREET ADDRESS	329 BOCA CIEGA PT BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	PEABODY, BOBBIE	
STREET ADDRESS	275 BOCA CIEGA PT BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	MEINHARDT, MELODY	
STREET ADDRESS	275 BOCA CIEGA PT. BLVD.	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDINA, DAVID	
STREET ADDRESS	275 Boca Ciega Pt Blvd	
CITY-ST-ZIP	St. Petersburg, Fl 33708	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENVER, BETH	
STREET ADDRESS	275 Boca Ciega Pt Blvd.	
CITY-ST-ZIP	St. Petersburg, FL. 33708	

TITLE		<input checked="" 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:

1.25.02 (727) 398-1270