

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90015 050 ****61.25

0079965

DOCUMENT # 702023

1. Entity Name

MAXIMO MOORINGS CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4908 38TH WAY S
 #505
 ST PETERSBURG FL 33711
 US**

**4908 38TH WAY S
 #505
 ST PETERSBURG FL 33711
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

30-1424376

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STACY, RALPH
 4908 38TH WAY S. #505
 ST PETERSBURG FL 33711**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Delete
 NAME **P STACY, RALPH**
 STREET ADDRESS **4908 38 WAY S # 505**
 CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD STAGER, PHIL**
 STREET ADDRESS **4184 51ST AVE SO**
 CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD MICHEL, KATHERINE**
 STREET ADDRESS **4187 52ND AVE S**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE Change Addition
 NAME **VD ESTABROOKS, DAVID**
 STREET ADDRESS **5263 40TH STREET S.**
 CITY-ST-ZIP **ST PETERSBURG, FL 33711**

TITLE Delete
 NAME **TD COLLELO, JOHN**
 STREET ADDRESS **5200 38 WAY S**
 CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD HARADER, BONITA**
 STREET ADDRESS **5053 43RD ST S**
 CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: **Rosemary Stacy** **W. Stacy** 1/5/02 727-867-9554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)