

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 710555**

1. Entity Name

BAY PINES ESTATES CIVIC ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 4004
BAY PINES FL 33504

Mailing Address

P.O. BOX 4004
BAY PINES FL 33504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2773650

Applied For

Not Applicable

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

**FISHER, ROBERT
5024 98TH WAY
SAINT 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 **V** ☐ Delete
NAME **GRAD, CHRIS**
STREET ADDRESS **9973 48TH PL. N.**
CITY-ST-ZIP **ST PETERSBURG FL 33708**TITLE **V** ☐ Delete
NAME **LILIES, JAN**
STREET ADDRESS **9836 48TH AVE. N.**
CITY-ST-ZIP **ST PETERSBURG FL**TITLE **D** ☐ Delete
NAME **FISHER, AL**
STREET ADDRESS **9972 48 PLACE N**
CITY-ST-ZIP **ST PETERSBURG FL 33708**TITLE **D** ☐ Delete
NAME **THOMPSON, ROBERT**
STREET ADDRESS **9985-56TH PLACE N.**
CITY-ST-ZIP **ST PETERSBURG FL**TITLE **D** ☐ Delete
NAME **BUTLER, MARY**
STREET ADDRESS **6252- 99TH WAY N.**
CITY-ST-ZIP **ST PETERSBURG FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90083 006 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)