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FILED
Jul 10, 2002 8:00 am
Secretary of State

03-18-2002 90047 014 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710555

1. Entity Name

BAY PINES ESTATES CMIC ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 4004
BAY PINES FL 33504

Mailing Address

P.O. BOX 4004
BAY PINES FL 33504

38482



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2773650

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

FISHER, ROBERT
5024 88TH WAY
SAINT PETERSBURG FL 33708

Name DAN MORGAN

Street Address (P.O. Box Number is Not Acceptable)
9762 54 Ave. N.

City St. Petersburg FL Zip Code 33708

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

(NOTE: Registered Agent signature required when reappointing)

DATE

March 4, 2002

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
V	GRAD, CHRIS	9973 48TH PL. N.	ST PETERSBURG FL 33708	☐
V	LILIES, JAN	9838 48TH AVE. N.	ST PETERSBURG FL	☐
D	FISHER, AL	9972 48 PLACE N	ST PETERSBURG FL 33708	☒
D	THOMPSON, ROBERT	9985 58TH PLACE N.	ST PETERSBURG FL	☐
D	BUTLER, MARY	6252- 88TH WAY N.	ST PETERSBURG FL	☐
D	MORGAN, DANIEL	9762 54 Ave N	St Petersburg, Fl 33708	☐

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4, 2002 392.9380

Date

Deputy Phone #

CR2E037 (9/01)