

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90165 010 ****61.25

DOCUMENT # 710555

1. Entity Name

BAY PINES ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 4004
BAY PINES FL 33804 **33744**

Mailing Address

P.O. BOX 4004
BAY PINES FL 33504

33744-4004

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

MORGAN, DAN
9762 54 AVENUE NORTH
SAINT PETERSBURG FL 33708

7. Name and Address of New Registered Agent

Name **DAN MORGAN**

Street Address (P.O. Box Number is Not Acceptable)

9762 54 AVENUE

City **St Petersburg, FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Dan Morgan, President*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 13, 03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida 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 **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 **D** ☐ Delete
NAME **MORGAN, DANIEL**
STREET ADDRESS **9762 54 AVENUE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Change ☒ Addition
NAME **Linda Sandleben**
STREET ADDRESS **9875 49 AVENUE**
CITY-ST-ZIP **ST PETERSBURG, FL 33708**

TITLE **V** ☐ Change ☒ Addition
NAME **JO R. WINTERS**
STREET ADDRESS **9799 53 AVENUE**
CITY-ST-ZIP **ST PETERSBURG, FL 33708**

TITLE **V** ☐ Change ☒ Addition
NAME **PATRICIA L. MORGAN**
STREET ADDRESS **9762 54 AVENUE**
CITY-ST-ZIP **ST PETERSBURG, FL 33708**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Michael Seel**
STREET ADDRESS **4922 99 ST NO**
CITY-ST-ZIP **ST PETERSBURG, FL 33708**

TITLE **D** ☐ Change ☒ Addition
NAME **Lee Thompson**
STREET ADDRESS **9985 56 PLACE NO**
CITY-ST-ZIP **ST PETERSBURG, FL 33708**

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: *Dan Morgan* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 13, 03 7273929380

CR2E037 (10/02)