

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90235 004 \*\*\*\*61.25

**DOCUMENT # 712259**

1. Entity Name

**SHORE PLAZA BUILDING OF TOWN APARTMENTS SOUTH NO**

Principal Place of Business

Mailing Address

1893 SHORE DRIVE SOUTH  
 S. PASADENA FL 33707-4752

113 S. MACDILL AVE #B  
 C/O KI H. CHOI. CPA  
 TAMPA FL 33609

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

**59-1285579**

Applied For

Not Applicable

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

**MIGA, HELEN**  
**1893 SHORE DR S #109**  
**S PASADENA FL 33707**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | PD                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>WHALEN, HENRY</del>      |  |
| STREET ADDRESS | 1893 SHORE DR., SOUTH #205    |  |
| CITY-ST-ZIP    | S. PASADENA FL                |  |
| TITLE          | <del>VD</del>                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>BUKULA, DOROTHY</del>    |  |
| STREET ADDRESS | 1893 SHORE DR., SOUTH #204    |  |
| CITY-ST-ZIP    | S. PASADENA FL 33707          |  |
| TITLE          | TD                            | <input type="checkbox"/> Delete            |
| NAME           | MIGA, HELEN                   |  |
| STREET ADDRESS | 1893 SHORE DR., SOUTH #109    |  |
| CITY-ST-ZIP    | S. PASADENA FL                |  |
| TITLE          | SD                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>HOLBROOK, PATRICIA</del> |  |
| STREET ADDRESS | 1893 SHORE DR S #316          |  |
| CITY-ST-ZIP    | S. PASADENA FL 33707          |  |
| TITLE          | D                             | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>LONGPRE, ROLAND</del>    |  |
| STREET ADDRESS | 1893 SHORE DR. SO., #111      |  |
| CITY-ST-ZIP    | S. PASADENA FL                |  |
| TITLE          | D                             | <input checked="" type="checkbox"/> Delete |
| NAME           | BROWN, ANNA                   |  |
| STREET ADDRESS | 1893 SHORE DR S #302          |  |
| CITY-ST-ZIP    | S. PASADENA FL 33707          |  |

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | PD                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Doty BAKZLA               |  |
| STREET ADDRESS | 1893 Shore Dr. South #204 |  |
| CITY-ST-ZIP    | S. Pasadena, FL 33707     |  |
| TITLE          | VP                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Richard Lonengan          |  |
| STREET ADDRESS | 1893 Shore Dr. South #115 |  |
| CITY-ST-ZIP    | S. Pasadena, FL 33707     |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | SD                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Margaret Ferguson         |  |
| STREET ADDRESS | 1893 Shore Dr South #212  |  |
| CITY-ST-ZIP    | S. Pasadena, FL 33707     |  |
| TITLE          | D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Sylvia Morkis             |  |
| STREET ADDRESS | 1893 Shore Dr S #214      |  |
| CITY-ST-ZIP    | So. Pasadena, FL 33707    |  |
| TITLE          | D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Hank Whalen               |  |
| STREET ADDRESS | 1893 Shore Dr South #204  |  |
| CITY-ST-ZIP    | S Pasadena, FL 33707      |  |

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**

4-17-01

384-5082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (10/00)