

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715709

1. Entity Name

BOCA CIEGA POINT EAST "ONE" CONDOMINIUM, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90473 036 ****61.25

Principal Place of Business

Mailing Address

NC.
275 BOCA CIEGA POINT BLVD.
ST. PETERSBURG FL 33708

NC.
275 BOCA CIEGA POINT BLVD.
ST. PETERSBURG FL 33708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1561870

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

FEDERATION OF BOCA CIEGA PT CONDO, INC.
275 BOCA CIEGA POINT BLVD
ST. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP
NAME WILKE, JACK ☒ Delete
STREET ADDRESS 1 BOCA CIEGA PT BLVD 307
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VP
NAME BUTLER, TOM ☒ Change ☐ Addition
STREET ADDRESS 275 Boca Ciega Pt. Blvd.
CITY-ST-ZIP St. Petersburg, FL 33708

TITLE TD
NAME MICKELSEN, ROBERT ☒ Delete
STREET ADDRESS 275 BOCA CIEGA PT BLVD
CITY-ST-ZIP ST PETERSBURG, FL 00000 33708

TITLE TD
NAME STAPLETON, JOE ☒ Change ☐ Addition
STREET ADDRESS 275 Boca Ciega Pt. Blvd.
CITY-ST-ZIP St. Petersburg, FL 33708

TITLE SD
NAME MARY MORRIS ☒ Delete
STREET ADDRESS 275 BOCA CIEGA PT BLVD.
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE SD
NAME MARSHALL, GENEVIEVE ☒ Change ☐ Addition
STREET ADDRESS 275 Boca Ciega Pt. Blvd.
CITY-ST-ZIP St. Petersburg, FL 33708

TITLE PD
NAME KALISH, DORIS ☒ Delete
STREET ADDRESS 275 BOCA CIEGA PT BLVD
CITY-ST-ZIP ST PETERSBURG FL

TITLE PD
NAME HERMANN, PETER ☒ Change ☐ Addition
STREET ADDRESS 275 Boca Ciega Pt. Blvd.
CITY-ST-ZIP St. Petersburg, FL 33708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Joseph P. Stapleton REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01 398-1270

Date

Daytime Phone #

CR2E037 (10/00)