

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90068 011 \*\*\*\*61.25

**DOCUMENT # 716171**

1. Entity Name

**BAYWAY ISLES-POINT BRITTANY TWO CONDOMINIUM CORP**

Principal Place of Business

Mailing Address

5055 BRITTANY DR., SOUTH  
 ST PETERSBURG FL 33715  
 US

5055 BRITTANY DR., SOUTH  
 ST PETERSBURG FLA 33715-1607  
 US

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

**59-1514595**

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

**ERDMAN, STEPHANIE**  
**5055 BRITTANY DRIVE, S**  
**ST PETERSBURG FL 33715**

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	<b>DPT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARDAINAY, WILLIAM</b>	
STREET ADDRESS	<b>5108 BRITTANY DRIVE, S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33715</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>FRANCES, ROBERT</b>	
STREET ADDRESS	<b>5108 BRITTANY DRIVE, S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33715</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PATRELL, OLLIE</b>	
STREET ADDRESS	<b>5108 BRITTANY DRIVE, S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33715</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ACHILLES, LILLIAN</b>	
STREET ADDRESS	<b>5108 BRITTANY DRIVE, SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FASSETT, JOHN</b>	
STREET ADDRESS	<b>5108 BRITTANY DRIVE, S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33715</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>KUBIET, LEO</b>	
STREET ADDRESS	<b>5108 BRITTANY DRIVE, S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33715</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHIPHORST, FRANK</b>	
STREET ADDRESS	<b>5108 BRITTANY DR. S.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33715</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATRELL, OLLIE</b>	
STREET ADDRESS	<b>5108 BRITTANY DR. S.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33715</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BURKE, LORRAINE</b>	
STREET ADDRESS	<b>5108 BRITTANY DR. S.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33715</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUBIET, LEO</b>	
STREET ADDRESS	<b>5108 BRITTANY DR. S.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33715</b>	

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: OLLIE PATRELL 04/20/00 (727) 866-2655  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)