

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723268

1. Entity Name

WINSTON PARK NORTHEAST 200 ASSOCIATION, INC.

FILED

Apr 06, 2000 8:00 am  
Secretary of State

04-06-2000 90053 045 \*\*\*\*61.25

Principal Place of Business

10033 9TH ST N 2ND FLOOR  
ST PETERSBURG FL 33716

Mailing Address

10033 9TH ST N 2ND FLOOR  
ST PETERSBURG FL 33716-3804

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

59-1461580

Applied For

Not Applicable

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

RAMPART PROPERTIES INC  
10033 9TH ST N  
2ND FLOOR  
ST PETERSBURG FL 33716

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 SD ☐ Delete  
NAME WEATHERINGTON, BARBARA  
STREET ADDRESS 10033 9TH ST N  
CITY-ST-ZIP ST PETERSBURG FL 33716-3805

TITLE VP ☐ Change ☒ Addition  
NAME Robertson, Lillian  
STREET ADDRESS 10033 9th St. N. 2nd Floor  
CITY-ST-ZIP St. Petersburg, Florida 33716-3805

TITLE DAT ☐ Delete  
NAME BRADBURY, DALLAS  
STREET ADDRESS 10033 NINTH ST N 2ND FL  
CITY-ST-ZIP ST PETERSBURG FL 33716-3805

TITLE D ☐ Change ☒ Addition  
NAME Rieser, Fred  
STREET ADDRESS 10033 9th St. N. 2nd Floor  
CITY-ST-ZIP St. Petersburg, Florida 33716-3805

TITLE DVP ☒ Delete  
NAME SMILES, GABRIEL  
STREET ADDRESS 1033 NINTH ST N 2ND FLOOR  
CITY-ST-ZIP ST PETERSBURG FL 33716-3805

TITLE PD ☒ Change ☐ Addition  
NAME Smiles, Gabriel  
STREET ADDRESS 10033 9th Street N. 2nd Floor  
CITY-ST-ZIP St. Petersburg, Florida 33716-3805

TITLE DT ☒ Delete  
NAME SMILES, DOTTIE  
STREET ADDRESS 10033 NINTH ST N 2ND FL  
CITY-ST-ZIP ST PETERSBURG FL 33716-3805

TITLE T ☐ Change ☒ Addition  
NAME Groover, Wallace  
STREET ADDRESS 10033 9th Street N. 2nd Floor  
CITY-ST-ZIP St. Petersburg, Florida 33716-3805

TITLE DP ☒ Delete  
NAME MOBRAY, CLAIRE  
STREET ADDRESS 10033 NINTH ST N 2ND FL  
CITY-ST-ZIP ST PETERSBURG FL 33716-3805

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

TITLE D ☒ Delete  
NAME REMSEN, YOYA  
STREET ADDRESS 10033 NINTH ST N 2ND FL  
CITY-ST-ZIP ST PETERSBURG FL 33716-3805

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-00 (727) 522-4861

CR2E037 19/99