

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725927

1. Entity Name

TREASURE ISLAND TENNIS & YACHT CLUB CONDOMINIUM

Principal Place of Business

Mailing Address

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

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

59-1564619

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 NINTH 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 NAME STREET ADDRESS CITY-ST-ZIP	S GRABER, JOSEPH 10033 9TH ST. NORTH ST. PETERSBURG FL 33716-3805	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARPER, JUDY 10033 9TH ST. NORTH 2ND FLOOR ST. PETERSBURG FL 33716-3805	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, DON 10033 9TH ST. NORTH 2ND FLOOR ST. PETERSBURG FL 33716-3805	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIMASE, GRACE 10033 9TH ST. NORTH 2ND FLOOR ST. PETERSBURG FL 33716	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRAY, DONALD 10033 9TH ST. NORTH ST. PETERSBURG FL 33716-3805	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLKER, DONRUE 10033 9TH ST N 2ND FL ST PETERSBURG FL 33716	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Graber, Joseph 10033 9th Street N. 2nd Floor St. Petersburg, Florida 33716-3805	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arnold-Meyer, June 10033 9th Street N. 2nd Floor St. Petersburg, Florida 33716-3805	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rome, Harold 10033 9th Street N. 2nd Floor ST. Petersburg, Florida 33716-3805	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DiMase, Grace 10033 9th Street N. 2nd Floor St. Petersburg, Florida 33716-3805	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Houck, Charlie 10033 9th Street N. 2nd Floor St. Petersburg, Florida 33716-3805	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Volker, Donrue 10033 9th Street N. 2nd Floor St. Petersburg, Florida 33716-3805	☒ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)