

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728720

1. Entity Name

BAY MARINER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

19701 GULF BLVD
INDIAN SHORES FL 33785
US

Mailing Address

19701 GULF BLVD
INDIAN SHORES FL 33785
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90023 035 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1508471

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCEWEN, BOB
19701 GULF BLVD
INDIAN SHORES FL 33785

7. Name and Address of New Registered Agent

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

Robert G. McEwen

Signature, typed or printed name of registered agent and title if applicable.

Robert G. McEwen

(NOTE: Registered Agent signature required when reinstating)

1/5/02

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BENSON, ROY
CITY-ST-ZIP 19701 GULF BLVD.
INDIAN SHORES FL 33785

TITLE ☐ Delete
NAME PTD
STREET ADDRESS STUBBS, FRED
CITY-ST-ZIP 19701 GULF BLVD.
INDIAN SHORES FL 33785

TITLE ☐ Delete
NAME SD
STREET ADDRESS MCEWEN, BOB
CITY-ST-ZIP 19701 GULF BLVD.
INDIAN SHORES FL 33785

TITLE ☐ Delete
NAME D
STREET ADDRESS SILVERMAN, JACK
CITY-ST-ZIP 19701 GULF BLVD
INDIAN SHORES FL 33785

TITLE ☐ Delete
NAME PTD
STREET ADDRESS EASTON, DONALD
CITY-ST-ZIP 19701 GULF BLVD
INDIAN ROCKS BEACH FL 33785

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

Robert G. McEwen Robert G. McEwen Sec. 1/5/02

0081348

CR2E037 (9/01)

727-595-5477