

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90036 016 *****61.25

DOCUMENT # 730595

1. Entity Name

SKIFF POINT ASSOCIATION, INC.

Principal Place of Business

**298 SKIFF POINT
 CLEARWATER FL 33767**

Mailing Address

**298 SKIFF POINT
 CLEARWATER FL 33767**

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

59-1696201

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

**MCNEILL, GLEN
 1655 LEE RD.
 CLEARWATER FL 33765**

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	D BEADLE, JAMES 13450 AUGUSTA DR. AUGUSTA MI 49012	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEILL, GLENN 1655 LEE RD CLEARWATER FL 33725	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, PHIL 298 SKIFF PT #202 CLEARWATER FL 33767	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVAK, LES 298 SKIFF POINT #102 CLEARWATER FL 33767	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEALE, THOMAS 298 SKIFF POINT #303 CLEARWATER FL 33767	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEALE, TERRI 298 SKIFF POINT #303 CLEARWATER FL 33767	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:

Philip C. Mann, Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/01

727-461-1446

CR2E037 (10/00)