

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730785

1. Entity Name

BAYWAY ISLES - POINT BRITTANY SIX CONDOMINIUM, I

Principal Place of Business

Mailing Address

4900 BRITTANY DR S.
ST PETERSBURG FLORIDA 33715

5055 BRITTANY DR S.
ST PETERSBURG FL 33715-1607

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

59-1606083

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

**ERDMAN, STEPHANIE
5055 BRITTANY DR 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPERIN, WILLIAM	NAME	
STREET ADDRESS	4900 BRITTANY DR S	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33715	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORZELLECA, STANLEY	NAME	
STREET ADDRESS	4900 BRITTANY DR S.	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33715	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICARD, DONALD	NAME	
STREET ADDRESS	4900 BRITTANY DR S.	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33715	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRIN, JOYCE	NAME	
STREET ADDRESS	4900 BRITTANY DR S.	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33715	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNS, ROBERT	NAME	D DINGEN, JERRY
STREET ADDRESS	4900 BRITTANY DR S.	STREET ADDRESS	4900 BRITTANY DR S.
CITY-ST-ZIP	ST PETERSBURG FL 33715	CITY-ST-ZIP	ST. PETERSBURG, FL 33715
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *WILLIAM ALPERIN* **WILLIAM ALPERIN** 04/20/00 (727) 866-2675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

04-27-2000 90068 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)