

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90010 008 ****61.25

DOCUMENT # 740735

1. Entity Name

**YACHT CLUB ESTATES CIVIC ASSOCIATION OF ST. PETE
 RSBURG, INC.**

Principal Place of Business

Mailing Address

7875-9TH AVE SO
 SAINT PETERSBURG FL 33707
 US

7875-9TH AVE SO
 SAINT PETERSBURG FL 33707
 US

2. Principal Place of Business

3. Mailing Address

None
 Suite, Apt. #, etc.

None
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEINS, JIM
 7875 -9TH AVE SO
 ST PETERSBURG FL 33707**

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

Jim Heins

2/11/02

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	PD	<input type="checkbox"/> Delete
NAME	HEINS, JIM	
STREET ADDRESS	7875-9TH AVE SO	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOTZ, ED	
STREET ADDRESS	1096-10TH AVE SO	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, DONNA	
STREET ADDRESS	8037-12 AVE SO	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUGHES, PATRICIA	
STREET ADDRESS	799-9TH AVE SO	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	WATERS, WILLIAM	
STREET ADDRESS	7998-11TH AVE SO	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donna Thompson

2/20/02

727-247-4070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #

CR2E037 (9/01)