

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90138 023 ****61.25

DOCUMENT # 741717

1. Entity Name

BAYSHORE TRACE CONDOMINIUM ASSOCIATION, INC ✓

Principal Place of Business

**3325 BAYSHORE BLVD
TAMPA FL 33629**

Mailing Address

**3325 BAYSHORE BLVD
TAMPA FL 33629**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1829609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PETTIGREW, JILL
3325 BAYSHORE BLVD.
UNIT E-21
TAMPA FL 33629**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**

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 **D** ☐ Delete
NAME **DICKS, RANDY**
STREET ADDRESS **3325 BAYSHORE BLVD B-31**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **VPD** ☐ Delete
NAME **SIERRA, LAURA**
STREET ADDRESS **3325 BAYSHORE BLVD, #C-27**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **PD** ☐ Delete
NAME **PETTEGREW, JILL**
STREET ADDRESS **3325 BAYSHORE BLVD, #E-21**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **SD** ☐ Delete
NAME **KENT, BARBARA J**
STREET ADDRESS **3325 BAYSHORE BLVD, #E-12**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **TD** ☐ Delete
NAME **BELL, JOSEPH**
STREET ADDRESS **3325 BAYSHORE BVD E 35**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☐ Delete
NAME **MURRIN, LISA**
STREET ADDRESS **3325 BAYSHORE BLVD C-33**
CITY-ST-ZIP **TAMPA FL 33629**

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
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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: *[Signature]* **PRESIDENT**

8/15/02 813-837-2799

CR2E037 (4/02)