

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90215 003 \*\*\*\*61.25

**DOCUMENT # 744898**

1. Entity Name

**JAMESTOWN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O S & R PORPERTY MGMT  
 3129 - 49TH ST NORTH  
 ST PETERSBURG FL 33710  
 US

8470-12ST NO  
 ST PETE FL 33702-7934  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2043073**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ALL FLORIDA REALTY SERVICES, INC.**  
 11270 4TH ST. N. #216  
 ST PETERSBURG FL 33716

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

*[Signature]*  
 (NOTE: Registered Agent signature required when reinstating)

**2/8/2000**  
 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LYNCH, THERESA</b>	
STREET ADDRESS	<b>1303-B 83RD AVE NORTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33702</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CORTIS, JOANNE</b>	
STREET ADDRESS	<b>8565C-12 WAY NO</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33702</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SADOWSKI, JOHN</b>	
STREET ADDRESS	<b>8523-A 10 ST.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33702</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCKENZIE, ANN</b>	
STREET ADDRESS	<b>8585D-12WAY NO</b>	
CITY-ST-ZIP	<b>ST PETE FL 33702</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SUSAN ALLEN</b>	
STREET ADDRESS	<b>8522C 10TH ST N</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>U.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATRICIA MARKS</b>	
STREET ADDRESS	<b>1295 D-8500NO</b>	
CITY-ST-ZIP	<b>ST PETE FL 33702</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TREAS.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARK KRISCO</b>	
STREET ADDRESS	<b>1317D-8400NO</b>	
CITY-ST-ZIP	<b>ST PETE FL 33702</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JEAN RUBIN</b>	
STREET ADDRESS	<b>1263D-8400NO</b>	
CITY-ST-ZIP	<b>ST PETE FL- 33702</b>	

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/00 927-576-0792**  
 Date Daytime Phone #

CR2E037 (9/99)