

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90064 047 ****61.25

DOCUMENT # 746076

1. Entity Name

TREASURE ISLAND POINTS WEST APARTMENTS CONDOMINI

Principal Place of Business

**12000 CAPRI CIR S
TREASURE ISLAND FL 33706
US**

Mailing Address

**250 104TH AVENUE
TREASURE ISLAND FL 33706
US**

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

59-2335470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAMONT MANAGEMENT
LAMONT, SUE
250 104TH AVENUE
TREASURE ISLAND FL 33706**

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEWART, MAX RR 1 SITE 2 BOX 11 BRECHIN ON	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERSON, ROY 7928 W 118TH ST OVERLAND PARK KS 66210	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIPPRICH, GENE 12000 CAPRI CIRCLE S, #14 TREASURE ISLAND FL 33706	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, DONNA 7928 W 118TH ST OVERLAND PARK KS 66210	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBEE, CHARLES 12000 CAPRI CIRCLE S #19 TREASURE ISLAND FL 33706	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: *[Signature]* **TREASURE ISLAND POINTS WEST APARTMENTS CONDOMINI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01

Date

727-360-3614

Daytime Phone #

CR2E037 (10/00)