2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # 746518** 1. Entity Name BEACH PLAZA CONDOMINIUM ASSOCIATION. INC. 02-01-2000 90116 044 ****61.25 Mailing Address Principal Place of Business BEACH PLAZA CONDOMINIUM #3 BEACH PLAZA CONDOMINIUM #8 7003 SUNSET WAY 7003 SUNSET WAY SUITE #8 DOCTIONA ST. PETERSBURG BEACH FL 33706 ST. PETERSBURG BEACH FL 33706-3669 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Appe Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LABANAUSKAS, JOHN 7003 SUNSET WAY #8 Zip Code City FI ST. PETERSBURG BEACH FL 33706 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete ☐ Change ☐ Addition TITLE LEVAR, LOUIS A NAME NAME STREET ADDRESS 7003 SUNSET WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST PETE BEACH FL ☐ Delete TITLE Change Addition TITLE NAME NAME MCMANUS, LUCY STREET ADDRESS 7003 SUNSET WAY STREET ADDRESS CITY-ST-ZIP-CITY_ST_ZIP FT-PETE:BEACH FL Change Addition TITLE ☐ Delete NAME LABANAUSKAS, JOHN NAME STREET ADDRESS STREET ADDRESS 7003 SUNSET WAY CITY-ST-ZIP CITY-ST-ZIP FT. PETE BEACH FL ☐ Change Addition TITLE ST ☐ Delete TITLE NAME NAME LABANAUSKIAS, JOHN

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.

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7003 SUNSET WAY

FT PETE BEACH FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OF DIRECTOR

1-21-2000

Daytime Phone #

☐ Change

Change

Addition

☐ Addition