

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746518

1. Entity Name

BEACH PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

BEACH PLAZA CONDOMINIUM #8
7003 SUNSET WAY
ST. PETERSBURG BEACH FL 33706

Mailing Address

BEACH PLAZA CONDOMINIUM #3
7003 SUNSET WAY SUITE #8
ST. PETERSBURG BEACH 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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABANAUSKAS, JOHN
7003 SUNSET WAY
#8
ST. PETERSBURG BEACH FL 33706

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
NAME LEVAR, LOUIS A
STREET ADDRESS 7003 SUNSET WAY
CITY-ST-ZIP ST PETE BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME VIGO, GINA
STREET ADDRESS 9003 SUNSET WAY
CITY-ST-ZIP ST PETE BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME LABANAUSKAS, JOHN
STREET ADDRESS 7003 SUNSET WAY
CITY-ST-ZIP FT. PETE BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME LABANAUSKAS, JOHN
STREET ADDRESS 7003 SUNSET WAY
CITY-ST-ZIP FT PETE BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-02

Date

Daytime Phone #

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90042 038 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)