

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749393

1. Entity Name

SEAGATE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90067 027 \*\*\*\*61.25

Principal Place of Business <b>19418 GULF BLVD INDIAN SHORE FL 33785 US</b>	Mailing Address <b>PAREKH. COMMONS &amp; CO 2700 EASTBAY DRIVE 107 LARGO FL 33771-2459 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2143789</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**WEYLIE, WALLACE J.D.  
350 GULF BLVD  
INDIAN ROCKS BEACH FL 33705**

**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]* DATE **02/25/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 <b>SD</b>	NAME <b>CARPENTER, SUSAN</b> STREET ADDRESS <b>11932 99TH AVENUE N</b> CITY-ST-ZIP <b>SEMINOLE FL 33772</b>
TITLE <b>PD</b>	NAME <b>WEYLIE, WALLACE, J.D. WALLACE</b> STREET ADDRESS <b>19418 GULF BLVD #401</b> CITY-ST-ZIP <b>INDIAN SHORES FL 33785</b>
TITLE <b>VTD</b>	NAME <b>SORACE, RICHARD A.</b> STREET ADDRESS <b>16502 AVILA BLVD</b> CITY-ST-ZIP <b>TAMPA FL 33613</b>
TITLE <b>D</b>	NAME <b>HILL, CHARLES</b> STREET ADDRESS <b>185 BELLAC</b> CITY-ST-ZIP <b>TALLAHASSEE FL 32303</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>Susan Carpenter - Secretary</b>	NAME <b>PO Box 17488</b> STREET ADDRESS <b>Clearwater, FL 33762</b>
TITLE <b>Donald G. Mitchener - Treasurer</b>	NAME <b>RR#2, 60 Meadow Drive</b> STREET ADDRESS <b>Hampton, N.B. CANADA E0G 1Z0</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 REQUIRED **02/25/00 727-596-9078**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)