

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90012 044 \*\*\*\*70.00

**DOCUMENT # 750733**

1. Entity Name

**SHORE COLONY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4610 GRAY STREET #106  
 TAMPA FL 33609  
 US

4610 GRAY STREET #106  
 TAMPA FL 33609-1969  
 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

**59-2088502**

Applied For

Not Applied For

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

**KNAWLTON, HORACE A**  
**442 W KENNEDY BLVD**  
**SUITE 280**  
**TAMPA FL 33609**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	BOLTON, SIDNEY N	4606 GRAY ST 105	TAMPA FL	<input checked="" type="checkbox"/>
SD	HUNT, DARLENE ANN	4606 GRAY ST 209	TAMPA FL	<input type="checkbox"/>
VPD	DONELAN, ELIZABETH G	4607 FIG ST 204	TAMPA FL	<input checked="" type="checkbox"/>
TD	CARRENO, SERVANDO	4610 GRAY ST 306	TAMPA FL	<input checked="" type="checkbox"/>
D	HICKS, JOHN	4610 GRAY ST 109	TAMPA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Delete
PD	John Hicks	4610 GRAY ST #109	TAMPA FL 33609	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
TD	ELISA LEAL	4606 GRAY ST #208	TAMPA FL 33609	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *Elisa Leal* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-7-2000* *813-286-8571*  
 Date Daytime Phone #