

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752674

1. Entity Name

LANDT-TRI CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90004 050 \*\*\*\*61.25

Principal Place of Business 225-116TH AVE. TREASURE ISLAND FL 33706	Mailing Address 156 RAMON WAY NE ST. PETERSBURG FL 33704-3852
---	---



DO NOT WRITE IN THIS SPACE

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	Applied For
<b>NOT APPLICABLE</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARLSON, CHARLES A**  
**601 BAYSHORE BLVD.**  
**STE. 700**  
**TAMPA FL 33606**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
-------------------------------------	---	--	--

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ESPINOLA, TRINA MD	
STREET ADDRESS	601-7TH ST. S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARLSON, CHERYL	
STREET ADDRESS	156 RAMON WAY NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NOBLE, JOHN	
STREET ADDRESS	39824 BUSH LINE	
CITY-ST-ZIP	ST. THOMAS ON N5P35-9	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Addition
NAME	JEFFREY K. CARLSON, MD	
STREET ADDRESS	156 RAMON WAY NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: CHERYL CARLSON 2/21/00 (727) 821-9300

CR2E037 (9/99)