

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

0062332

DOCUMENT # 756485

1. Entity Name

THE VILLAGE OF PARADISE ISLAND, PHASE II, INC.

03-30-2001 90331 039 *****61.25

Principal Place of Business

5901 SUN BLVD
 SUITE 203
 ST PETERSBURG FL 33715
 US

Mailing Address

5901 SUN BLVD
 SUITE 203
 ST PETERSBURG FL 33715
 US

000412



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2093989

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NEWTON, WILLIAM
5901 SUN BLVD, SUITE 203
ST. PETERSBURG FL 33715

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 ~~STB~~ **SD** ☐ Delete
 NAME **BRUEN, DAVID**
 STREET ADDRESS **5901 SUN BLVD., #203**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **TD** ☐ Change ☒ Addition
 NAME **RONALD D. WELTON**
 STREET ADDRESS **552 SANDY HOOK ROAD**
 CITY-ST-ZIP **TRAVISLAND ISLAND, FL 33706**

TITLE **D** ☐ Delete
 NAME **PURVIS, CHARLES**
 STREET ADDRESS **5901 SUN BLVD., #203**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

TITLE **PD** ☐ Change ☒ Addition
 NAME **POLLY TRAUTWEILER**
 STREET ADDRESS **552 SANDY HOOK ROAD**
 CITY-ST-ZIP **TRAVISLAND ISLAND, FL 33706**

TITLE **PD** ☒ Delete
 NAME **BENWARE, ALAN**
 STREET ADDRESS **5901 SUN BLVD., #203**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

TITLE **PD** ☐ Change ☒ Addition
 NAME **POLLY TRAUTWEILER**
 STREET ADDRESS **552 SANDY HOOK ROAD**
 CITY-ST-ZIP **TRAVISLAND ISLAND, FL 33706**

TITLE **VP** ☒ Delete
 NAME **SAUNDER, KATHY**
 STREET ADDRESS **5901 SUN BLVD #203**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

TITLE **D** ☐ Change ☐ Addition
 NAME **PORTER, MIKE**
 STREET ADDRESS **5901 SUN BLVD #203**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

TITLE **TR** ☐ Delete
 NAME **PORTER, MIKE**
 STREET ADDRESS **5901 SUN BLVD #203**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

TITLE **D** ☐ Change ☐ Addition
 NAME **WHEELER, SONJA**
 STREET ADDRESS **5901 SUN BLVD. #203**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

TITLE **D VP** ☐ Delete
 NAME **WHEELER, SONJA**
 STREET ADDRESS **5901 SUN BLVD. #203**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

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 *Pauline Trautweiler* **PAULINE TRAUTWEILER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01

727-430-1757

Date

Daytime Phone #

CR2E037 (10/00)