

**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
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003412



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>59-2093989</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <b>S D</b> BRUEN, DAVID 5901 SUN BLVD., #203 ST. PETERSBURG FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> RONALD D. WELTON 552 SANDY HOOK ROAD TRABASAR ISLAND, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> PURVIS, CHARLES 5901 SUN BLVD., #203 SAINT PETERSBURG FL 33715	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> POLLY TRAUTWEILER 552 SANDY HOOK ROAD TRABASAR ISLAND, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> BENWARE, ALAN 5901 SUN BLVD., #203 SAINT PETERSBURG FL 33715	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> POLLY TRAUTWEILER 552 SANDY HOOK ROAD TRABASAR ISLAND, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> SAUNDER, KATHY 5901 SUN BLVD #203 SAINT PETERSBURG FL 33715	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TR</del> <b>TR</b> PORTER, MIKE 5901 SUN BLVD #203 SAINT PETERSBURG FL 33715	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VP</b> WHEELER, SONJA 5901 SUN BLVD. #203 SAINT PETERSBURG FL 33715	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Polly Trautweiler* **TRAUTWEILER**

3/8/01 727-430-1757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)