

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760523

1. Entity Name

BENT PINE OWNERS' ASSOCIATION, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90095 020 \*\*\*\*61.25

Principal Place of Business

6145 31ST ST SO  
ST PETE FL 33712  
US

Mailing Address

11270-4TH STREET NORTH  
SUITE 216  
ST PETERSBURG FL 33716-2937  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2142686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHARD F WASILUK  
11270-4TH STREET NORTH  
SUITE 216  
ST PETERSBURG FL 33716

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, 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

TITLE	SDT	<input type="checkbox"/> Delete
NAME	KOUFAS, ANNA	
STREET ADDRESS	1648 ANASTASIA WAY S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAUSMAN, GAYE	
STREET ADDRESS	PO BOX 60336 N/A	
CITY-ST-ZIP	ST PETE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CAMPBELL, DAVID	
STREET ADDRESS	389-56 AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HALL, CHERYL	
STREET ADDRESS	9710 82ND AVE NO	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALHOUN, THOMAS	
STREET ADDRESS	2500-3 AVE NO., STE #2	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRUVER, PETER	
STREET ADDRESS	AUF DEM KAMFE SA	
CITY-ST-ZIP	HANOVER GERMANY 30457	

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	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

Date

Daytime Phone #

CR2E037 (9/99)