

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90138 011 \*\*\*\*61.25

**DOCUMENT # 762435**

1. Entity Name

**BAYSHORE SQUARE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**C/O 855 20TH AVE N  
SAINT PETERSBURG FL 33704**

Mailing Address

**C/O 855 20TH AVE N  
SAINT PETERSBURG FL 33704**

**22000239**



☐ CHECK HERE IF MAKING CHANGES

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 **59-2783645**

Applied For

☒ Not Applicable

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

**MCGANN, PHYLLIS  
855 20TH AVE N  
SAINT PETERSBURG FL 33704**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GARCIA, ANTHONY</b>	
STREET ADDRESS	<b>3015 S YSABELLA AVE #F</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BELL, MARK</b>	
STREET ADDRESS	<b>3015 S. YSABELLA AVENUE, UNIT E</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEPHENS, AMY</b>	
STREET ADDRESS	<b>3015 S. YSABELLA AVENUE, UNIT D</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
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		

TITLE	<b>Ms. Robin Kinberg, Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>3015 S. Ysabella Ave., Unit 'C'</b>	
STREET ADDRESS	<b>Tampa, FL 33629-8160</b>	
CITY-ST-ZIP		
TITLE	<b>Ms. Phyllis McGann, Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>855 20th Ave., N.</b>	
STREET ADDRESS	<b>Saint Petersburg, FL 33704</b>	
CITY-ST-ZIP		
TITLE	<b>Mr. Harry Lee Coe III, Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>3015 S. Ysabella Ave., Unit 'A'</b>	
STREET ADDRESS	<b>Tampa, FL 33629-8160</b>	
CITY-ST-ZIP		
TITLE	<b>Ms. Amy Stephens, President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3015 S. Ysabella Ave., Unit 'D'</b>	
STREET ADDRESS	<b>Tampa, FL 33629-8160</b>	
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 duly empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**1/29/03 (813) 837-5385**

CR2E037 (10/02)