

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90162 028 \*\*\*\*61.25

**DOCUMENT # 766128**

1. Entity Name

**THE MARINA CLUB OF TAMPA HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2424 W TAMPA BAY BLVD  
 TAMPA FL 33607  
 US

STERLING MANAGEMENT  
 2880 SCHERER DRIVE #840  
 SAINT PETERSBURG FL 33716  
 US

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

**59-2396362**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

**831422**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STERLING MANAGEMENT INC  
 2880 SCHERER DRIVE #840  
 SAINT PETERSBURG FL 33716

7. Name and Address of New Registered Agent

Name **Kass, Shuler P.A.**  
 Street Address (P.O. Box Number is Not Acceptable) **1505 N. Florida Ave**  
**Cloran Cotterill**  
 City **Tampa** FL Zip Code **33602**

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, type 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>TENUTA, KAY<br>2424 W TAMPA BAY BLVD K-101<br>TAMPA FL 33607      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SUAREZ, LYNN<br>2424 W TAMPA BAY BLVD. M-201<br>TAMPA FL 33607     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>PAYNE, PAUL<br>2424 W TAMPA BAY BLVD K-33607<br>TAMPA FL 33607    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MARTIN, ANTHONY<br>2424 W. TAMPA BAY BLVD. B-108<br>TAMPA FL 33607 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BAGLIN, LINDA<br>2424 W TAMPA BAY BLVD<br>TAMPA FL 33607           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CAINES, MARIO<br>2424 W. TAMPA BAY BLVD. L-206<br>TAMPA FL 33607   | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

*Kass Shuler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-02

Date

727-255-9555

Daytime Phone #

CR2E037 (9/01)