

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 04, 2002 8:00 am  
Secretary of State

02-04-2002 90010 042 \*\*\*\*61.25

DOCUMENT # 767714

1. Entity Name

BONNIE BAY PHASE VII ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7139 55TH AVENUE NO.  
ST. PETERSBURG FL 33709

7139 55TH AVENUE NO.  
ST. PETERSBURG FL 33709

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2453564

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

WEATHERLOW, WILLIAM  
7116 55TH AVE NORTH  
ST. PETERSBURG FL 33709

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LENGES, JEANNE<br>7318 55TH AVE NORTH<br>ST PETERSBURG FL 33709   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>WEINBERG, SOLOMAN<br>7235 55TH AVE N.<br>ST. PETERSBURG FL 33709 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>TUSSING, WANDA<br>7286 55TH AVE N.<br>ST. PETERSBURG FL 33709     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>WEATHERLOW, WILLIAM<br>7116 55TH AVE N.<br>ST PETERSBURG FL 33709 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BEDMGHER, ELIZABETH<br>7258 55TH AVE N.<br>ST PETERSBURG FL 33709  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PARKER, MARY<br>7277 55TH AVE N.<br>ST. PETERSBURG FL 33709        | <input checked="" type="checkbox"/> Delete |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DAWN MANUS<br>7302 55TH AV N<br>ST PETERSBURG, FL 33709          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>JEANNE LENGES<br>7318 55TH AV N<br>ST PETERSBURG, FL 33709      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>ELIZABETH BEOUGHIER<br>7258 55TH AV N<br>ST PETERSBURG, FL 33709 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SOLOMAN WEINBERG<br>7235 55TH AV N<br>ST PETERSBURG, FL 33709     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SUSAN THIELEMAN<br>7211 55TH AV N<br>ST PETERSBURG, FL 33709      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KHAL LAHLON<br>7290 55TH AV N<br>ST PETERSBURG, FL 33709          | <input checked="" 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:

WILLIAM WEATHERLOW  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/02 727-541-7834

Date

Daytime Phone #

CR2E037 (9/01)