

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90368 007 *****61.25

0062398

DOCUMENT # 769639

1. Entity Name

DOWNTOWN TIERRA VERDE CONDOMINIUM ASSOCIATION, I

Principal Place of Business

1120 PINELLAS BAYWAY
 TIERRA VERDE FL 33715
 US

Mailing Address

~~6025 SUN BLVD STE 202~~
 ST PETERSBURG FL 33715
 US

2. Principal Place of Business

3. Mailing Address

5901 SUN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#200

City & State

City & State

ST. PETERSBURG FL

Zip

Country

Zip

Country

33715

USA

4. FEI Number

59-2445874

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

Name

RESOURCE PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)
5901 SUN BLVD #200

City

ST. PETERSBURG

FL

Zip Code

33715

**RESOURCE PROP MGMT
 LEIGH TESSLER
 5901 SUN BLVD STE 200
 ST PETERSBURG FL 33715**

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 **V** ☐ Delete
 NAME **CARGO, ROBERT**
 STREET ADDRESS **280 JULIA CIRCLE SOUTH #107**
 CITY-ST-ZIP **SAINT PETERSBURG BEACH FL 33706**

TITLE **VPD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **GEE, PAT**
 STREET ADDRESS **1120 PINELLAS BAYWAY**
 CITY-ST-ZIP **TIERRA VERDE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BENNETT, DAVID**
 STREET ADDRESS **1120 PINELLAS BAYWAY #110**
 CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **BOB DOUGLASS**
 STREET ADDRESS **8351 BLIND PASS RD., SUITE B**
 CITY-ST-ZIP **ST. PETE BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **MOORE, BILLY**
 STREET ADDRESS **1 COLLANY RD**
 CITY-ST-ZIP **TIERRA VERDE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

DAVID BENNETT Pres. 4-11-01 727-8640004

CR2E037 (10/00)