

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90008 008 ****61.25

DOCUMENT # 770641

1. Entity Name

SANTIAGO ON THE BAYSHORE, INC.

Principal Place of Business

Mailing Address

2929 SANTIAGO ST.
 TAMPA FL 33629
 US

2929 SANTIAGO ST.
 TAMPA FL 33629
 US

2. Principal Place of Business

2925 Santiago St.
 Suite, Apt. #, etc.

3. Mailing Address

2925 Santiago St.
 Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa, FL

4. FEI Number

59-2871399

Applied For

Not Applicable

Zip

33629

Country

USA

Zip

33629

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PORTMANN, CANDACE
2931 W SANTIAGO ST
TAMPA FL 33629

DE

7. Name and Address of New Registered Agent

Name

Jill Wright

Street Address (P.O. Box Number is Not Acceptable)

2933 W. Santiago St

City

Tampa

FL

Zip Code

33629

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]

TD

4-20-02

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 **VTD** ☒ Delete
 NAME **BOAZ, MARY**
 STREET ADDRESS **2929 W SANTIAGO ST**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE **SD** ☐ Delete
 NAME **PURTEE, ANN**
 STREET ADDRESS **2913 SANTIAGO ST.**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☒ Delete
 NAME **PORTMAN, CANDACE**
 STREET ADDRESS **2931 SANTIAGO ST.**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **Hayden, Patrick**
 STREET ADDRESS **2925 W Santiago St**
 CITY-ST-ZIP **Tampa FL 33629**

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

TITLE **TD** ☐ Change ☐ Addition
 NAME **Jill Wright**
 STREET ADDRESS **2933 W. Santiago St**
 CITY-ST-ZIP **Tampa FL 33629**

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

TITLE ☐ Change ☐ Addition
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02

Date

Daytime Phone

813. 839. 339

CR2E037 (9/01)